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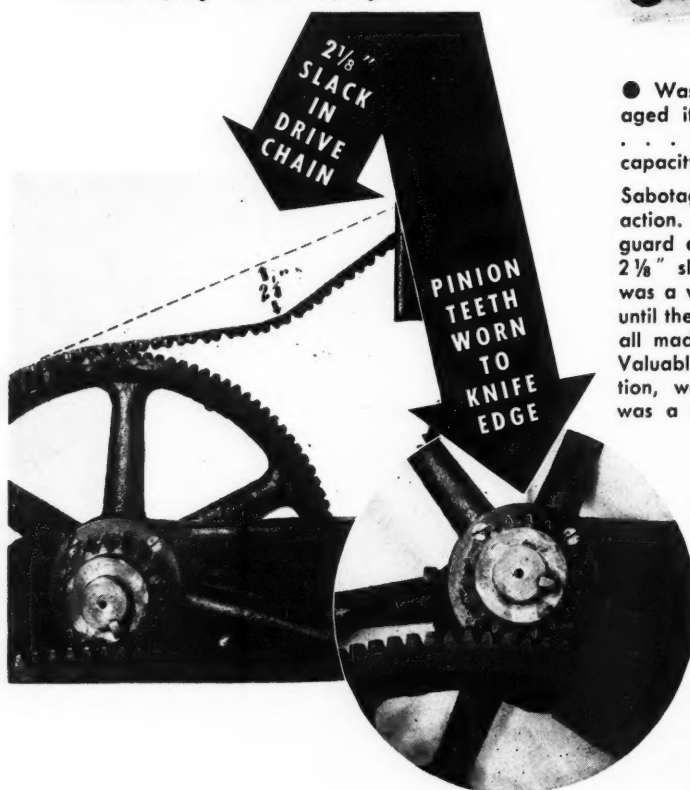
CANADIAN HOSPITAL

OFFICIAL JOURNAL
CANADIAN HOSPITAL COUNCIL

MAY, 1944

OUT OF ACTION!

BECAUSE OF SABOTAGE BENEATH THE GEAR GUARD!



● Washer out of action for 3 weeks — so badly damaged it had to be returned to the factory for repairs . . . And at a time when every ounce of washing capacity is badly needed.

Sabotage under the gear guard put that washer out of action. Someone was supposed to remove the gear guard and make an inspection. Nobody did. So, that 2 1/8" slack in the drive chain went undetected. Result was a violent jerk every time the cylinder reversed . . . until the end frame cracked. Pinion, gear and end frame, all made of critical war material, had to be replaced. Valuable man hours, urgently needed for war production, were consumed making the repairs. And there was a very costly repair bill to pay.

It takes but a few minutes to remove a gear guard and check periodically to make sure all parts are in proper adjustment — then make necessary adjustments *immediately*. Chain drive machines are provided with a simple adjustment for taking up slack in the chain. Don't let lack of proper, regular inspection sabotage your machines! They must be given proper maintenance care to make them last. **LET'S WORK TOGETHER.**

Manufacturers of laundry equipment furnish complete instructions for proper maintenance, adjustment and lubrication of their machines. If you haven't these instructions, write the manufacturer . . . today.

The

CANADIAN LAUNDRY MACHINERY CO. LIMITED

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3 IMPORTANT RULES FOR PROPER CARE OF YOUR EQUIPMENT




The CANADIAN HOSPIT/

How Does Fine Quality Become Inherent?



WHETHER you buy medical equipment for private practice or for a hospital, always it is with the hope that time and experience will prove that you correctly judged its value.

Your investigation of variously offered products is, of course, primarily in view of determining which offers most toward helping to render a better service to patients; price alone is not your determining factor, as with ordinary commodities.

If you haven't had experience with G-E x-ray or electromedical equipment, you'll not take for granted that it is of the fine quality you are looking for. But to countless thousands of other physicians, hospitals, and clinics, the world over, equipment bearing the  trademark is accepted without question, because they have learned from experience that in all G-E equipment this desired fine quality is inherent.

This reputation for inherent fine quality has been earned the hard way—by strict adherence to definitely established policies and ideals throughout a half-century of service to the profession. And it perhaps best explains why a G-E apparatus, wherever it may be used—in physicians' offices, or in civilian or military hospitals, in any and all climes—always can be relied upon to give the eminently satisfactory service that characterizes all G-E products.

Though your plans for buying an x-ray or electromedical apparatus may yet be rather indefinite, may we suggest that in the meantime you obtain further information through our local representative, whose branch office address we will be glad to send you. Address Dept. K85.

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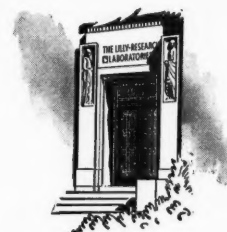
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The Canadian Hospital is the Official Journal of
The Canadian Hospital Council



Subscription Price in Canada, United States, Great Britain and Foreign, \$2.00 per year. Additional subscriptions to same hospital, each \$1.00.

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Lilly

In cases of Fever
DEXTROSOL
Can be your Valuable Ally

Dextrosol is Pure Dextrose (D-Glucose) in easily assimilable powder form. It is the sugar of the blood, a fuel for the body, and a most important source of muscular energy.

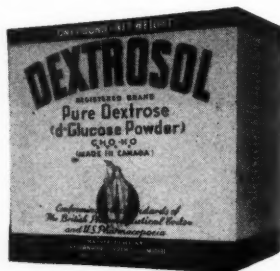
PYREXIA

In cases of Pyrexia (Fever—probably of defensive character) many functions of the body are disturbed. The increased demand for food is usually accompanied by loss of appetite. To maintain body heat body tissues are consumed.

One of the great advances of modern medicine has been the use of carbohydrates and Vitamin C to supply the necessary calories in easily assimilable form and the conservation of the tissues of the body.

Thirst is induced by the fever and this may be allayed by large quantities of fruit juices (Vitamin C) containing as much Dextrosol (Pure Dextrose) as is required to supply the needed calories and protect the liver from toxins.

Dextrosol is produced in Canada under the most exacting of hygienic conditions. It is conveniently packed in sanitary containers of 1 and 5 lbs. content.



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PURE DEXTROSE

Conforms to the standards of the British Pharmaceutical Codex and U. S. Pharmacopoeia.

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The CANADIAN HOSPITAL.



WAR INDUSTRY requires a colossal supply of manpower.

Already a large percentage of it is provided by a working army of women.

Doing men's work, they will need the stamina of men to perform vital tasks with sustained efficiency. Moreover, the war will demand the best efforts of millions of women engaged in farm, household and home defense work.

'RIONA' capsules can improve the efficiency of female workers by combating the physiologic "slow-down" periodically experienced by most normal women between the ages of fourteen and forty-five. 'RIONA' capsules contain 'Propadrine' hydrochloride, $\frac{3}{4}$ gr., acetophenetidin, 2 gr., and aspirin, 3 gr. In the treatment of dysmenorrhea, the analgesic effect of aspirin and acetophenetidin is aided by the antispasmodic action of 'Propadrine' hydrochloride on the myometrium.

'RIONA' capsules are also indicated for the symptomatic relief of headache, neuralgia, rhinitis and malaise associated with hay fever or the common cold. 'RIONA' capsules, individually wrapped in cellophane, are supplied in boxes of 100. Sharp & Dohme (Canada) Ltd., Toronto 5, Ontario.

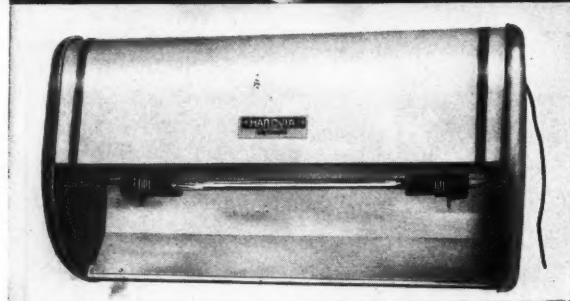
'RIONA' *Capsules*

HANOVIA SAFE-T-AIRE

FILTER JACKET TYPE

QUARTZ ULTRA-VIOLET LAMPS

Destroy Micro-organisms in the air!



■ Hospital authorities speak highly of their effectiveness. The report on the findings by the Council on Physical Therapy says, "Clinical evidence submitted to the Council on Physical Therapy shows that under properly controlled conditions, ultraviolet radiation is effective in killing air-borne micro-organisms and may be used to supplement other measures for the prevention of cross infection in hospital wards, nurseries and in operating rooms for the reduction of air-borne infections in wounds".

The equipment is easy to install, simple and inexpensive to operate. Hanovia Safe-T-Aire Lamps are now being used with great success in Operating Rooms, Milk Formula Rooms, Nurseries, Clinics, Isolation Wards, Corridors and everywhere where air sanitation is an important factor.

Photographs, reading from top to bottom:

Hanovia Safe-T-Aire Lamp in operating room.

Hanovia Safe-T-Aire Filter Jacket Type Quartz Lamp.

Hanovia Safe-T-Aire Lamp in Nursery.

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Chemical & Mfg. Co.

Dept. CH-12, Newark 5, N.J., U.S.A.

World's largest manufacturers of ultraviolet equipment for the medical profession.



HANOVIA Portable Ward Model LUXOR "S" ALPINE LAMP

Carriage handle provides easy, efficient portability

*Non-Tilting . . . Instant Lighting . . .
Fast Action . . .*

Specifically designed to fulfill the requirements of the patient who is in need of ultraviolet light treatment at his bedside—too ill to be moved. Compact and mobile. Can be taken along any corridor, through any doorway, in any elevator and into the smallest room. Especially valuable in the treatment of erysipelas cases.



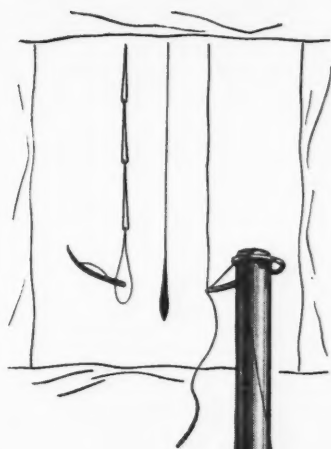
GREATER STITCH VERSATILITY

WITH THE SINGER SURGICAL STITCHING INSTRUMENT

Since surgical cases vary so widely in their operative requirements . . . indeed, any standard operative procedure itself may undergo necessary variations for individual patients . . . the surgeon's resourcefulness and judgment are ever at a premium.

This is as true in suturing as in any other phase of the surgical procedure. It emphasizes the value of the Singer Surgical Stitching Instrument, which not only brings to the surgeon's hand a greater speed and accuracy in executing old familiar stitches, but makes available a whole series of new continuous stitches—secure, yet easily unravelled—each with special virtues. It permits an accurate response to every detail governing a discriminating choice of stitch, as suturing conditions may require.

This precision-made surgical instrument—so versatile in making a variety of stitches old and new to surgical technique—can employ any standard suturing material, or be fitted from a wide variety of available needle sizes, shapes or styles—for use in either a deep or superficial field. It is sterilizable as a complete unit; and may be readily taken apart for cleaning and quickly reassembled. All parts are rust-resistant.



on Request



*Illustrated booklet.
Write Dept. CH-5*

Motion pictures demonstrating operative technique also available for group meetings.

SINGER SEWING MACHINE COMPANY, *Surgical Stitching Instrument Division*, CANADA
254 Yonge Street, Toronto • 424 Portage Avenue, Winnipeg • 700 St. Catherine Street W., Montreal

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Higher Operating Efficiency	Easier Patient Burden	Better Suture Control	Greater Stitch Versatility	Safer Operating Room Economy

Suturing — NOW A SCIENCE AS WELL AS AN ART

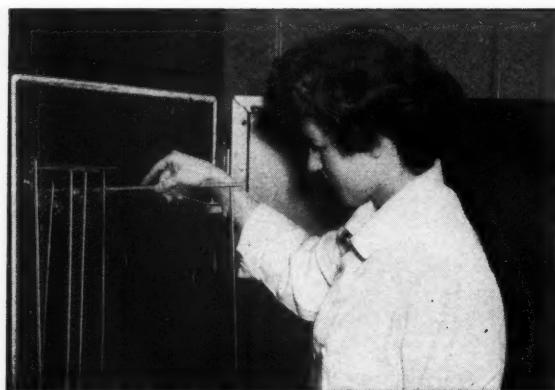
TIMELY TIPS FOR HANDLING FILM

WASHING AND DRYING

● X-Ray Films should be carefully washed and dried if early deterioration in storage is to be avoided. The object of thorough washing is to remove all traces of processing chemicals from the emulsion. Small amounts of these will cause staining and yellowing on aging, while larger amounts may crystallize, thus lowering the diagnostic value of the radiograph.



1 Washing time depends, among other things, on: the hardness or softness of the water and the rate of flow; the capacity of the tank; the temperature. Soft water speeds up the washing process. Hard water has exactly the opposite effect. The safest rule is to wash for 1 hour in running water.



2 For the best drying results, use any of the regular commercial film dryers. Drying should be carried out under conditions which insure the absence of dust. Drying time increases with higher humidity, decreases with faster rate of air flow and higher temperature.



3 Here's a word of caution. If, in an attempt to decrease the drying time, additional heating elements are used, watch the temperature! If the temperature is high, the film may tend to buckle or, worse yet, the emulsion, which is still wet and easily damaged, may melt!

ANSCO NON-SCREEN X-RAY FILM provides sharper detail and wider latitude than can be possible with regular films with screens. Its ability to build up heavy density and high contrast makes for radiographs of exceptional quality and brilliance. Specify Non-Screen film on your next order. **Anscö of Canada Limited, Toronto, Ontario.**

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X-Ray Films and Chemicals

KEEP YOUR EYE ON ANSCO—
FIRST WITH THE FINEST

Across the Desk

By C. A. E.

Hospital for Stutterers

THE National Hospital for Speech Disorders in New York City is one of the special hospitals that is performing well an unusual type of war-time service.

Of nearly 3000 patients treated last year, many very successfully, a number were discharged soldiers with speech defects and associated emotional maladjustments, who broke down under the strain of military service. Other patients, after treatment, have been able to adjust to military life.

There are some speech cripples who are wholly unsuited to the rigors of military service, especially stutterers", their report stated. "Therefore, the hospital continued its campaign to have stutterers exempted from active combat duty. Since the stutterer is emotionally unstable and becomes disorganized under the comparatively minor strain of civilian life, there is grave danger of his breaking down under the stresses to which the soldier is exposed."

* * * *

Wonders of the Air Age

What does it cost to fly? In 1927, air transport passengers paid 13c a mile. Today it costs only about 5c a mile to travel by air.

Before the war it required the equivalent of 1 year's labor for 100 workers to build one Liberator (4-engine) Bomber. In 1941—a year's labor for 35 workers. In 1942—for 12 workers. Last year, and today—7 workers, or less. In other words, the same amount of direct labor that was formerly required to build one Liberator now builds 14.

* * * *

Smith & Nephew Guest House

Mr. H. N. Smith, chairman of the Smith & Nephew Associated Companies Limited, of Great Britain, has organized a "home away from home" for the United Nations forces in Britain. Mr. V. G. Wisby, managing-director of the Canadian Smith & Nephew Company, Montreal, is extending an invitation to Canadian physicians, hospital executives and members of the drug trade, now in Britain, to visit the Guest House. It is located at Nelson in Lancashire.

* * * *

Chewing Gum Fever

Chewing produces a physiologic elevation of oral temperature. The amount of elevation depends on the amount of muscular effort used in the chewing. Chewing gum can produce a false fever that may confuse a diagnosis. A whole family troubled with fever became normal when the chewing gum habit was discontinued. —*Journal of the American Medical Association*

MAY, 1944

PALMOLIVE SOAP
IS AN EXTRA LUXURY
FOR YOUR PATIENTS
—AT NO EXTRA COST
TO YOU!



More and more attention is being paid by hospitals to *little* things that help make patients comfortable—make them feel more at home.

The rapidly increasing use of Palmolive Soap for patient care is typical. Palmolive gives a rich abundance of gently cleansing lather that is preferred by men and women alike, while its refreshing fragrance brings a sense of luxury to hospital routine!

Let Palmolive add to *your* patients' sense of well-being! Palmolive Soap is the world's favorite toilet soap. It is unsurpassed in quality—yet Palmolive costs no more than many ordinary soaps! Write for prices on the sizes and quantities you need; also for a free copy of "Stains-Identification and Removal".



Wherever a floating soap is preferred, Colgate's Floating is a favorite. It's a pure, white soap, unsurpassed in quality. Lathers abundantly in hot or cold water. Easy on your budget, too!

For private pavilions, and particularly for women patients, we recommend Cashmere Bouquet. A fine, white, hard-milled soap, it is noted for its delicate perfume... Its rich, creamy lather!



COLGATE-PALMOLIVE-PEET CO., LTD.
HOSPITAL DEPT. TORONTO, ONT.

PATIENT SLEEPING

THE patient's rest, of course, depends upon several factors . . . one of which the hospital administrator can at times control . . . **GOOD BEDDING!**

While the best types of hospital mattresses are not now available, we can provide bedding which is not surpassed by any now offered to you. Consult us when you require —

★ Inner Spring Mattresses
★ Beds Pillows

★ Felt Mattresses
★ Springs of All Types

*★ Subject to regulations and Restrictions on Materials
in Short Supply.*

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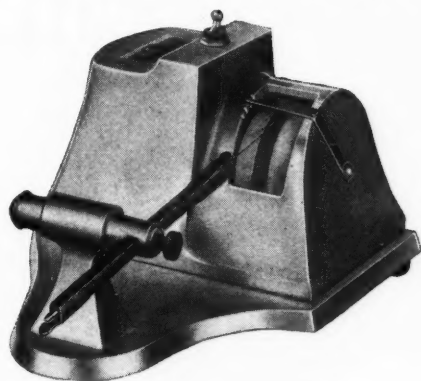
The Nurse's Tools Are Inferior

Good shoes and stockings, fountain pens, watches with second hands, and alarm clocks are the tools of the nurse's trade. In Canada these necessities, with the exception of alarm clocks, are in more or less normal supply. Not so in England. The Student Nurses' Association there has made representations to the Council of the Royal College of Nursing to obtain the release of additional supplies from the stocks available. It is feared that the inferior quality of the shoes and stockings now obtainable will result in an epidemic of lame "tootsies" with serious impairment in service.

* * * *

Cuts Needle Sharpening Costs

Many hospitals have cut their annual hypodermic needle bill substantially by using an ingenious device known as the Tomac Perfect Point Needle Sharpener,



which puts a razor-keen point on the dulllest needle in a few seconds. It sharpens any size, any length, any shape or make of hypodermic needle.

The hub of the needle to be sharpened is slipped over the end of the support arm and the correct bevel is ascertained at a glance. The motor is started and the needle is moved back and forth across the fine section of the grinding wheel . . . and in a few seconds it has a keen, razor-like point. It produces any desired bevel. The Tomac Sharpener is obtainable through the American Hospital Supply Corporation, Chicago.

* * * *

Paper Towels Save Laundry Labour

It would seem that now is a good time to investigate the use of paper towels throughout the hospital. Many institutions have found that the use of paper towels lessens to a considerable degree the burden on their laundry department.

Fortunately, there are now paper towels on the market which will, for most practical purposes, compete with linen or cotton towels—they are absorbent, free from lint and have remarkable "wet strength" qualities.

There are, of course, special uses for paper towels, such as on baby scales, and examining tables, and they can even be used wet, as a face cloth.

G. H. Wood & Co., Limited, sell, exclusively, the well-known line of Brompton White Paper Towels. Any of their branches will be glad to arrange a demonstration.

MAY, 1944



Excellence in Food Quality
economically maintained with

HOBART MIXERS

Hobart planetary Action in mixing, beating, whipping, mashing, creaming—provides the most scientifically thorough blending and aeration of food ingredients possible. This means more uniformity, higher volume, better texture, taste and appearance. Adequate Hobart Mixer Equipment makes it easy to introduce greater variety in menus, with great savings of time and labor. Attachments operate on Mixer hub—perform a "hundred and one" operations in food preparation.

SUPERIOR MIXING. The Beater, Whip or Dough Arm "BEATS BACK" against the batch—since it rotates on its own axis opposite to the direction in which it moves around the bowl. Every part of the bowl is covered—right up to the very sides—and bottom too. Thus, with practical use-value in view, Hobart Mixers are engineered to precise standards and ruggedly built "from the ground up" in the Hobart plant.

THE HOBART
MANUFACTURING COMPANY LIMITED

119 CHURCH STREET - - TORONTO

IN ANY PLACE... AT ANY TIME



You or Your Patient Can Test for Urine-Sugar
with **SIMPLE—CONVENIENT—DEPENDABLE**



FOR LABORATORY

The Clinitest Laboratory Unit contains 10 vials of 25 tablets each...250 tests...together with Clinitest dropper and instruction book with color scale. Reasonably priced.

CLINITEST

(Copper Reduction Tablet Reagent)

SPEED... Just add a Clinitest Tablet to proper amount of diluted urine. Allow a few seconds for reaction.

DEPENDABILITY... Compare with color scale for urine-sugar percentage reading.

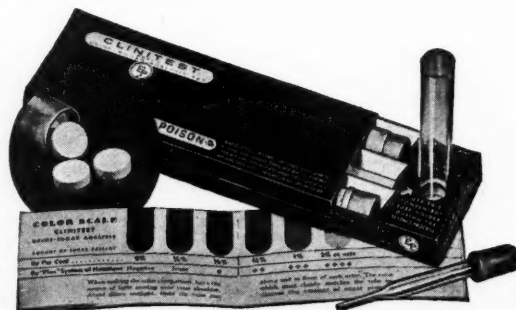
CONVENIENT... Eliminates flame, external heating, water-bath, complicated apparatus.

No Powder to Spill... The use of tablet and test tube confines the test to the known agents and reagents. It guards the test from possible oxidation by atmospheric oxygen.

CLINITEST SET FOR PATIENT

Complete set... as shown on the right... is self-contained. It is equipped with test tube, dropper, instruction book, color chart and enough Clinitest Tablets for 50 tests. Costs the patient \$1.75. Tablet refills (for 75 tests) \$1.75.

Clinitest Sets and Supplies are procurable from your surgical supply house or prescription pharmacy. Will promptly send descriptive literature on request.



EFFERVESCENT PRODUCTS INC.

Sole Canadian Distributors

FRED. J. WHITLOW & CO., LTD., 187 DUFFERIN STREET TORONTO

Nothing Stops Gossett

It takes more than an especially severe attack of infantile paralysis to balk the ambitions of young Ira Gossett Hawk of Lynchburg, Ohio.

Here are the obstacles he encountered: Almost two years in bed in casts; tendon transplanting; the fracture of his paralyzed leg after convalescence; both arms broken in another fall; some fingers blown off in a Fourth of July celebration. All that would be enough to check the activities of almost any boy. But not Gossett—the name by which he is known best.

At the age of 17 he is editor of a publication that has subscribers in 48 states and 17 foreign countries. His mailing list includes such people as the Duke and Duchess of Windsor, Booth Tarkington and Lowell Thomas, and a host of movie stars. Jane Withers has sent him 84 subscriptions—Deanna Durbin 20. Gossett's magazine, "The Salem Echo", is a registered member of the National Junior Newspaper League and editorials he has written have been reprinted in newspapers and broadcast over the radio.

* * * *

The Cooling Stream!

At last the well-known principle of applying a stream of water to metal being machined, to keep the temperature down, has been adopted by a dentist in the U.S. Army. By keeping the tooth and the drill at a suitable temperature the dentist found that he could do about 40 per cent more work, and at the same time keep the patient comfortable. A new hazard, however, has been added—that of drowning. It is obviously necessary to draw off the water as fast as it is injected.

* * * *

Page Morpheus

An electrical discovery of the explanation of insomnia was reported to the American Psychiatric Association.

The brain alternates, like an electrical current, between two seconds or so of drowsiness and two of wakefulness. The result is that the victim thinks he isn't getting any rest, when apparently his mind is really in a sleeping condition half the time, even if his eyes are open.

* * * *

Health in Industry

The current issue of C-I-L Oval contains several pages of space dealing with "Health in Industry" as applied to Canadian Industries Limited and Defence Industries Limited.

Dr. F. M. Jones is Supervisory Medical Officer of both these organizations. Thirty-five full-time and fifteen part-time physicians and some 100 nurses safeguard the health of wartime workers in the chemical, explosives, ammunition and shell filling plants managed and operated by Defence Industries Limited for the Government. Fifteen part-time doctors and twelve nurses attend to the occupational health of employees of C-I-L at its various Works and at Head Office.

Fully equipped hospitals complete with surgery, wards and emergency operating rooms are provided. Here bright, airy wards provide comfortable hospitalization, and first aid and preventive medicine go hand in hand.

Stafford's Quality PLUS Perfection



Our Chemists and Dietitians are continually testing and perfecting our products.

Despite all handicaps complicated by restrictions, rationing and regulations, Stafford's have continued to meet their high standard of QUALITY and PERFECTION.

Stafford Products are made of finest natural ingredients only. If these should become unavailable, items will be discontinued rather than cheapened to fill a temporary need.

We believe that by maintaining standards rather than volume, we will best serve the interests of our customers.

We prize highly the friendship of our many customers throughout Canada... also the confidence placed in our fair methods of allocating available products.

SOUPS — JELLY POWDER BASE — CHICKEN SOUP BASE — SUNDAE TOPPINGS — FRUITTHICK — SEASONETTES — MAPLEX — BOUILLON — CARMELLA — CUSTARD POWDERS.

Canadian-wide sales and distribution.
See your Local Stafford Representative.

J. H. STAFFORD
INDUSTRIES LIMITED
Toronto Canada

Which suture will break first

1.

Hand-Polished Surgical Gut Suture

Meeting U.S.P. Requirements

Size 1, charted by the photoelectric microgauge, shows diameter irregularities along entire length of strand.

2.

Ethicon Tru-Gauged Surgical Gut Suture

Size 1, charted in same manner by the microgauge, shows gauge-uniformity resulting from exclusive Tru-Gauging process. This gauge-uniformity gives greater strength by eliminating "low spots" that cause weakness.

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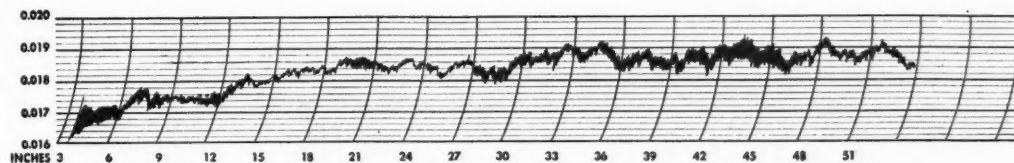
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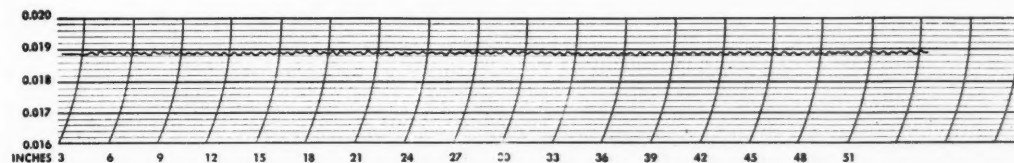
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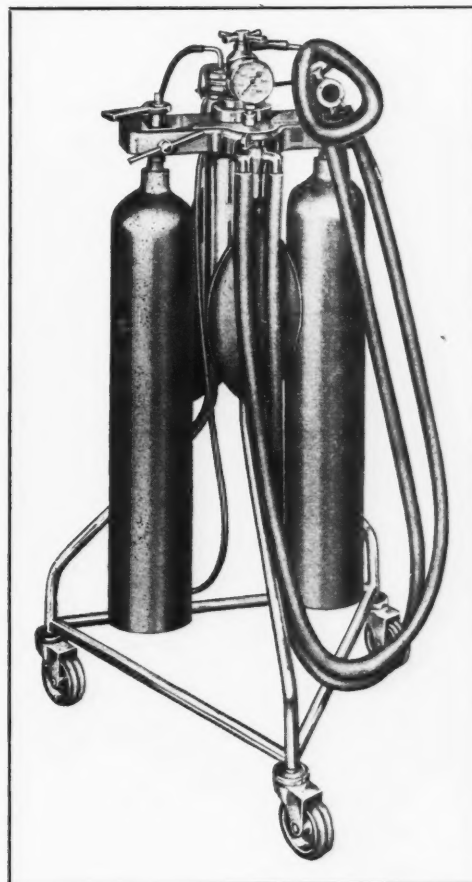
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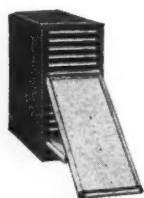
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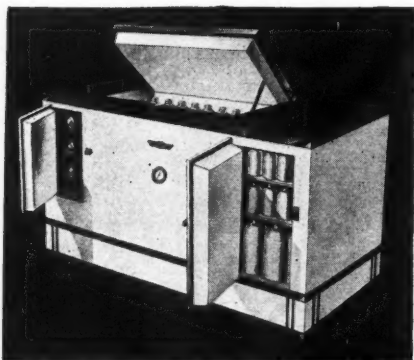
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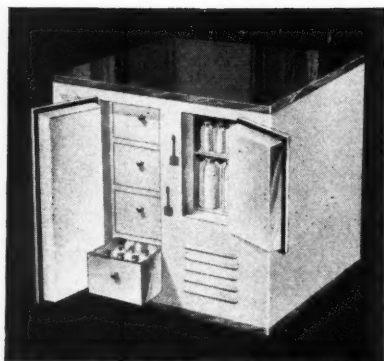
CAPACITY Nine bottles of plasma in sub-zero wedge-freeze tubes. Two hundred bottles of plasma in frozen storage compartment, and one hundred and twenty bottles (whole blood, etc.) in medium temperature compartment.

FINISH DULUX, oven dried enamel, stainless steel trim with stainless steel top.

FLOOR SPACE Length 72", depth 30", counter height 39½".

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CHATCO STATO-FREEZE — S.F. 60-3-34

A three-purpose model, for medium size hospitals.

CAPACITY Three bottles of plasma in single sub-zero wedge-freeze tube. Sixty bottles of frozen plasma in storage compartment provided with sliding shelves. Thirty-four bottles (whole blood, etc.) on rotating shelves in medium temperature compartment. Rotation of shelves makes each individual bottle accessible without disturbing balance of stock.

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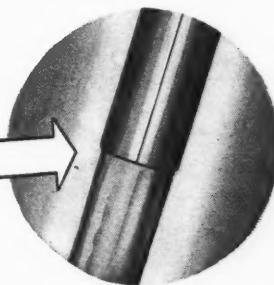
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The CANADIAN HOSPITAL

Harvey Agnew, M.D., Editor

Toronto, May, 1944

Vol. 21



No. 5

The Provision of Adequate Training for Interns and Residents

By W. DOUGLAS PIERCEY, M.D.,
Superintendent, Ottawa Civic Hospital.

IT is now recognized that the internship has become a very essential part of the clinical preparation of the student in medicine. The internship provides a most desirable contact and experience with the problems and responsibility of clinical work and helps to bridge in a satisfactory manner the transition from the academic to the practitioner's life.

In these busy days we, as hospital administrators, must not overlook a vital fact—it is to be remembered that the relationship of the intern to the hospital and the hospital to the intern is in the nature of a two-way agreement. For services rendered in the caring of patients and the carrying out of staff orders, the intern should expect to receive adequate practical instruction and training sufficient to equip him for general practice. While this was an accepted axiom in peace time it is even more

important now, particularly in hospitals where interns are working on a shorter schedule.

Since 1942 all physically-fit interns come to the hospital as members of the Armed Forces. They have been granted deferment for a period of eight months in which to develop their clinical experience. The hospital therefore has a dual responsibility:

(1) to give sufficient practical experience to the interns so that they may become skilled in routine clinical procedures, which experience will be needed in their war service;

(2) during this eight months, which may be the only internship served during their lifetime, the interns must gain sufficient clinical experience to fit them for general practice after the war.

Internship an Education

The important fact that the majority of interns are graduates and that in reality their internship is a

post-graduate course, should not be lost sight of. Even in peacetime, devoting a year to an internship after graduation, following a long and expensive course, involves considerable financial loss to the intern. This has been estimated by some authorities as high as \$5,000. While interning the medical graduate therefore passes up considerable potential capital, and it behooves the intern and the hospital to see that the time spent in internship is not wasted.

Since the outbreak of war an additional factor has entered, in that their war work is delayed that much longer. To many interns this is important, and no doubt with some has tended to a certain degree of restlessness at the present time.

There is real need for the intern to learn how to organize his time to best advantage. Some would seem to be merely putting in time, and to exhibit no conception of the future application of the experience to be gained.

An address given at the A.C.S. War Session, Toronto, March, 1944.

Intern education implies a definite obligation on the part of the hospital, the attending staff and the interns themselves. The hospital must see that adequate plans are prepared in order that the interns' education will not be haphazard, and this calls for careful planning by an Intern Committee, consisting of members of the medical staff, the administration and the interns themselves.

The Intern Committee

The responsibility of intern education rests largely with the Intern Committee, the chairman of which will usually be one of the senior members of the medical staff who is vitally interested in intern education. This Committee should plan the programme and see that it is carried through. As any scheme of intern education, to be successful, requires the full-hearted co-operation of the attending staff, both individually and collectively, a major responsibility of the Intern Committee will be to arouse the other members of the staff to the importance of intern education.

Planning Intern Education

A well-rounded system of intern education will provide for the following:

- (1) *proper introduction to duties;*
- (2) *outline of duties, responsibilities and privileges of the intern;*
- (3) *bedside clinics;*
- (4) *demonstration of common ward procedures;*
- (5) *didactic lectures;*
- (6) *attendance of interns at staff conferences and clinical pathological conferences;*
- (7) *post mortem demonstrations;*
- (8) *interpretation of x-ray plates and radiological procedures;*
- (9) *use of the medical library;*
- (10) *affiliation with nearby hospitals where desirable;*
- (11) *stressing the value of the out-patient service;*
- (12) *provision of adequate facilities for the work of the interns;*
- (13) *stressing the value of records and histories;*
- (14) *opportunity for presentation of case studies at staff meetings;*
- (15) *instruction in common nursing procedures;*
- (16) *teaching of the social aspect of medical care;*

(17) *reading groups for the discussion of current literature;*

(18) *laboratory teaching;*

(19) *the keeping of an up-to-date record of the intern's work;*

(20) *adoption of some system whereby all interns are kept posted on the interesting and unusual cases on all services.*

Having done all this, the work of the Intern Committee has just commenced. No matter how good the scheme looks on paper, the educational programme will fall short of its objective unless the medical staff is prepared to give *individual teaching to the individual intern at the bedside.*

Frequently the complaint is heard that, after the Intern Committee has gone to considerable trouble in drafting the programme, they obtain a very poor attendance by the interns at the medical and clinical meetings. In many cases this may be due simply to the fact that the interns' duties require them to be present elsewhere in the hospital at the time the lectures and demonstrations are held. In these days of shortages of medical personnel and overwork, it is not always easy to find a time convenient to both the medical staff and the interns, but careful planning will frequently surmount this difficulty.

Introducing the New Intern

The first responsibility of the Intern Committee is to see that the new intern is properly introduced to his new duties. Too often in the past this has been left to chance.

The Fordham Hospital of New York City devotes a preliminary four days to the introduction of the new intern to the hospital. During this period the schedule of intern service for the whole period of internship is presented and the intern becomes acquainted with all aspects of hospital work, including the business offices, maintenance departments, the professional departments for diagnosis and treatment. During this period, too, all common ward and nursing procedures are demonstrated.

At the commencement of the internship a definite outline of the intern's duties, his responsibilities and privileges should be presented in printed form. This should cover in detail an outline of duties showing the rotation of services, his respon-

sibilities regarding ward rounds of the attending doctors, history taking, responsibilities on the wards, responsibilities to pre-operative and post-operative cases, assignments in the operating room, anaesthesia and outpatient department, laboratory duties and hospital routine regarding operation and post-mortem consent, medico-legal problems affecting the intern, especially regarding malpractice, and the intern's relationship to the coroner.

Whatever privileges are the rule of the hospital should be explicitly set forth. The authority to whom the intern is responsible should be clearly designated. There is no more trying situation to the average intern in the hospital than divided authority on the wards.

The Art of Medicine

It is to be remembered that the practice of medicine is an art, and while it involves many scientific procedures—with most of which an intern will have gained acquaintance during his academic years—it is only at the hospital by contact with many practitioners and by seeing how the everyday problems in medicine are handled that the intern can learn the art of medicine. The important qualities of scientific honesty, kindness, equal interest in rich or poor, absence of sham or front, and appreciation of the changed psychology of the sick cannot be learned from a text book. It is here, by precept and example, that the attending staff have a great responsibility towards the intern.

It is often forgotten by the hospital and the interns that they should be given instruction in various nursing procedures. Therefore, a real service will be done the interns by an arrangement with the nursing staff whereby the interns will be given instruction in those nursing procedures which they may find it necessary to do themselves under certain circumstances, or concerning which they may be required to instruct others.

Social Aspect of Medicine

The social aspects of medical care should form part of the intern's experience. This is best gained by acquainting the intern with the function of the social service department.

He should become familiar with the social and philanthropic agencies in the community, ascertaining how various domestic and economic crises are handled, and study the social factors which frequently affect the diagnosis or the prognosis of his ward patients.

No system of intern education is complete unless an accurate record is kept of the intern's work and progress. This stimulates greater effort on the part of the intern and is of value for future reference. Such a record should contain data respecting the work done by the intern and his personal record. Forms should be drawn up by the Intern Committee, and it is desirable that they be reviewed monthly.

While a planned system of intern education is essential, it will be of no avail if the intern is kept so busy doing routine hospital procedures that he has no time left to avail himself of the facilities offered under the scheme. In these days, when many hospitals are short of their quota of interns and when there has been a large increase in bed population further aggravating the situation, it is necessary that many duties formerly carried out by the interns be passed on to other hospital personnel. The following will help in conserving the intern's time:

(1) the training of laboratory personnel to do routine urinalysis and blood counts;

(2) the curtailment of elaborate history writing and the standardization and simplification of hospital forms;

(3) the appointment of clerical staff on the wards to facilitate history writing;

(4) the standardization of ward procedures within the hospital;

(5) the curtailment of visiting hours so that more time is available to the intern for actual care of the patient;

(6) the elimination of all routine laboratory and special procedures which are not strictly essential in the treatment of the individual case.

Health and Recreation

As we are working our interns harder it is necessary that their health should be safeguarded carefully. The working out of proper night schedules so that they may ob-



A Fuzzy-Wuzzy helps a wounded Australian across a creek. In view of the fact that Australia, with less than 7,000,000 people, has suffered the highest number of killed and wounded in this war of any British dominion, it was most unfortunate that certain Washington senators should have seen fit to criticize Australia for diverting part of her manpower from military activities to the production of food and other essential raw materials. With 74,338 casualties, including 12,298 known killed and 11,887 missing, Australia has done her part. This is fully appreciated by all responsible Americans and Canadians. Idle criticism by vote-seeking politicians and a discredited isolationist press do not reflect the thinking of the great mass of the people and their leaders, who realize the importance of the work done by the team-members from "down under".

tain adequate hours of sleep, routine x-ray of the chest, periodical physical examinations and the provision of some week-end leave are essential if our interns are to be kept in good health and at a high standard of efficiency.

Residents—Present Situation

In Canadian hospitals, residents, senior interns and interns in special departments have been severely curtailed on account of the Armed Forces' demand for personnel. Hospitals are therefore handicapped at present by a shortage of residents and interns with previous hospital experience to help regulate and train the new group of interns entering the hospital.

In the United States under the so-called "9-9-9 Plan" selected junior

interns receive draft deferment for an additional nine months of training after completing their first nine months in hospital, and of these a proportion are deferred for a third nine months of training. This allows a certain continuity in the intern staff of the hospital and allows some men to continue their training for a total period of twenty-seven months. This plan has not been adopted in Canada, and while there are reasons why it would not appear advisable, at the same time the plan has some features to recommend it.

Future Situation

Under any general plan of health insurance it may be anticipated that some certification of specialists will be required. In preparation for this
(Concluded on page 78)



Condensation of Clinical Charts

By **F. J. FISH,**
Director, Medical Records Department,
Vancouver General Hospital

THE mounting volume of medical records in most hospitals is fast crowding the records department beyond the capacity of its available space. What can be done to meet this situation?

Rather than destroy without record large masses of clinical charts, the Medical Records Department at the Vancouver General Hospital has found it satisfactory to condense much of the material on the earlier charts, thus saving considerable space. This has been made possible by two factors: (a) records prior to about twenty years ago were mainly nurses' notes with (not always) a sketchy case history, and with limited radiological or other reports; (b) an individual was available with a Reg. N. background who had also taken a business course.

By virtue of her experience as a nurse and by utilizing her training in

office technique, this assistant, Miss Rhea Dow, has been able to replace each patient's chart by a single sheet containing all the salient features. Special reports—laboratory, x-ray, etc.—if not too long—are copied onto the same single sheet. If too long for such transfer, the sheets are removed from the original chart and filed with the summary.

As our practice has been to file fifty full charts in each volume, and as each chart averaged up to twenty sheets, this new procedure has meant that up to a thousand summaries now replace the original fifty in each

volume. As we have reached later charts with more special reports, the saving in space has not been so spectacular but, nevertheless, has been more than worth the effort required. Actually the 81,000 charts condensed originally took up about 400 linear feet of filing space; now the same records take up but 30 feet.

Where there is a written case history on the chart, it should not be summarized but retained intact. There have been so few in the period so far covered, i.e., 1906 to 1921, that this decision has not greatly affected the space-saving factor. As

Above—On the cabinets behind Miss Dow will be seen 20 bound volumes comprising 1,000 original charts, on top of which is one slightly larger volume containing the synopses of these 1,000 charts. The saving of space is thus very clearly shown.

Right—At the desk marked (2) the charts are sorted and placed in envelopes for filing. Here also the daily census of patient population is prepared. The drawers (3) are files for patients' summary cards.



Principles

relating to hospital care
recommended for any

Plan of Health Insurance

As adopted by the
Ontario Hospital Association

THE following recommendations of the Board of Directors of the Ontario Hospital Association, discussed with and confirmed by the Board of Directors of the Ontario Medical Association, deal with those principles of direct concern to hospitals, either in a plan limited to hospital care or to a more comprehensive plan.

1. Any plan of hospital care involving compulsory payment developed in the province should be considered as part only of a generalized health programme, and the details of organization should be such as would best conform with the requirements of such a generalized plan in the future.

2. It is agreed that the plan should be applicable to all residents of the province, although for the time being it may be necessary to confine the plan to certain areas with adequate hospital facilities.*

3. It is particularly important that the indigent and those unable to pay be included in the plan.

4. Patients should have the right of selection of hospital provided the hospital is recognized under the health measure and provided the patient comes within the category accepted by that hospital.

5. A contributory form of hospital insurance is strongly to be preferred to one in which the government pays the entire cost.

6. The direction of the plan should be kept strictly non-political. This is

best attained through an independent non-political commission which should be representative of those receiving the services and those providing them and with government representation, and chosen from panels provided by such groups.

7. This Commission should function with the same independence of action as the Workmen's Compensation Board and should bear similar relationship to the Department of Health as does the Workmen's Compensation Board to the Department of Labour at the present time.

8. It would facilitate the operation of the plan if matters relating to hospital procedure or to hospital policies in general could be referred by the Commission to a special committee of hospital representatives named by the Ontario Hospital Association for study and report. (The liaison committee of the Ontario Medical Association, named to co-operate with the hospital insurance committee of the Ontario Hospital Association, should be maintained to co-operate with the Ontario Hospital Association in all matters of mutual interest.)

9. Except by special arrangement, the hospitals eligible to receive insurance patients should be those recognized by the provincial government as "public" hospitals; i.e., either non-profit voluntary hospitals (lay or religious) or municipally-owned hospitals.

10. It is recommended that the regulations supplementary to the hospital insurance measure be drawn up in co-operation with a committee of the Ontario Hospital Association.

11. The hospital benefits should cover:

- (a) general ward care;
- (b) necessary drugs, dressings, appliances;
- (c) operating room and case room;
- (d) necessary diagnostic facilities;
- (e) physiotherapy and occupational therapy, where deemed necessary;
- (f) special nursing, only where such is definitely essential;
- (g) hospital care to ambulatory patients;
- (h) such other hospital provisions as are approved by the Commission.

12. Adequate provision should be made for the care of convalescent patients, for those chronically ill (including those suffering from tuberculosis), for incurables, for those with communicable diseases, and for the senile or otherwise incapacitated who require hospitalization.

13. Any future programme of building expansion, local and provincial, should be under strict control to avoid unnecessary duplication or overlapping, or unwise construction.

Some policy should be developed with respect to construction before a hospital plan be undertaken. In most parts of the province hospital facilities are barely adequate to meet present demands, and for many types of patients, such as the incurables, the convalescent, those suffering from communicable diseases, accommodation is woefully inadequate. With increased demand to be anticipated under a new health plan, the

(Continued on page 74)

*A study of available hospital facilities revealed that in practically no areas were present facilities sufficient to fully meet present needs, much less meet the increased demand anticipated under health insurance.

Summer Storage of the Hospital's Coal Reserves

By THOMAS HERDMAN,
Ernest Dench and Associates,
Ho-ho-kus, New Jersey

"JUST dump it any vacant place in the yard," is, more often than not, the very casual instruction the coal delivery man receives when the fuel bins inside the hospital are already filled. The wise hospital superintendent staggers his wartime coal purchases to be certain of adequate reserves for the winter months ahead.

Open air storage of coal should not be a happy-go-lucky procedure. There are definite rules to be observed. These rules are the direct outcome of British wartime fuel conservation experience and research—a blend of both.

The Fuel Research Station of the British Ministry of Fuel and Power

has given the matter the serious consideration it merits, influencing British industrial, institutional and commercial users to consume *less* coal and at the same time obtain *more* heat value.

The first and foremost consideration is that no coal storage pile should exceed 200 tons. A lesser amount on any *one* pile is safer. Neither should aforesaid pile rise higher than 10 feet from the ground. An 8 feet maximum is even safer. The reason for these precautions is that coal must have scope to breathe. Coal deteriorates faster when stifled for air.* Spontaneous combustion is a strong possibility when the storage tonnage is in excess of 200, or the

pile towers above 10 feet. Rarely does spontaneous combustion occur when these safety limitations are observed.

Ideal Location

The ideal location is a piece of cleared ground, free from rubbish or weeds, and not altogether shut in by buildings or blank walls or fences, all of which retard ventilation. The best ground surfaces are, in the order named: stone, cold ashes (well rolled), hard clay, chalk and peat (if first packed several inches deep with cold ashes or ballast).

On the other hand, the worst possible depository is that near a source of artificial heating—a boiler-house wall, or some steam pipes, or any covered carrier of a warm fluid such as organic waste.

Each kind of coal should be stored in a separate stack, as climatic reactions vary with the size of coal. Generally speaking, smaller coals disintegrate more than larger coals. Since coal is purchased in a size suitable for a specific institutional, industrial or commercial use, any change in that size as the result of



Spontaneous combustion in this huge coalpile belonging to the Consumers' Gas Co. on the Toronto waterfront caused a fire that could not be controlled for a month. A clam and a steamshovel may be noted exposing the burning areas to the firemen's hose.



outside storage will reduce heating efficiency.

Anthracite coal is safer to store in large quantities than bituminous coal. The British Fuel Efficiency Board lists their deterioration ratio, from highest to lowest: lignetic, sub-bituminous, bituminous, semi-bituminous, anthracitic and anthracite.

A noticeable change is that a bright coal like bituminous turns dull or "rusty". It acquires such inorganic constituents as pyrites and ankerite. However, the fuel is just as good as before it was stored, although the changed condition is favourable to disintegration.

The softer and larger the coal, the easier for climatic exposure to break it into smaller pieces. The larger and harder the coal, the more slowly it deteriorates.

While a coal never crumbles to dust, it tends to become brittle after outside storage. Each handling produces increased breakage. A sound rule to follow is never to disturb a storage pile unless you have immediate need of the fuel.

Leave Untouched

Digging into the coal reserve pile during the first three months is inadvisable except in an emergency. To leave it untouched from 6 to 9 months is preferable. Deterioration is more rapid during the first three months of outdoor storage; it slows down considerably after this period.

The advantage of starting a coal storage pile during the summer months is that disintegration is lower than in winter, when severe weather gets in its damaging effect.

Instead of drawing upon the stored pile for immediate fuel needs, use the supply of coal just delivered. One advantage is the saving of labour, since the fuel does not have to be handled twice. The other is that this new coal, because it is going to be consumed right away, avoids the *high* deterioration period of outdoor storage.

Normal losses from stored coal average between one-half per cent and one per cent yearly.

How much coal can be stored if the amount of vacant ground is limited? A British ton of 2,240 pounds requires from 40 to 50 cubic feet. If kept to the 10 feet height maximum, 1,000 British tons re-

Saskatchewan Health Insurance Act

ON March 31st, 1944, the Saskatchewan Health Insurance Act, 1944, was given first and second readings and received assent on April 1. This Act sets up a Health Insurance Commission of indeterminate size to be appointed by the Lieutenant-Governor in Council. No mention is made of the groups to be drawn from but the Deputy Minister of Health shall *ex-officio* be a member. The benefits are to provide for "the prevention of disease and for the application of all necessary diagnostic and curative procedures and treatment", and are to be administered under the following heads:

- (a) medical, surgical and obstetrical benefits;
- (b) dental benefit;
- (c) pharmaceutical benefit;
- (d) hospital benefit;
- (e) nursing benefit.

Special technical procedures and ancillary services are to be included.

If because of insufficient professional personnel, facilities or equipment it is found impracticable in an emergency or other circumstances to provide the benefits of all persons entitled to them, the benefits shall be made available to persons most urgently in need of them. Where complete benefits cannot be made available to all persons in any area or region, the commission may make financial adjustments as it deems fit.

"The commission shall:

"(a) investigate, examine and con-

sider the conditions throughout the province with relation to the benefits to be provided under the provision of the Act;

"(b) make such inquiries as it deems necessary with a view to the establishment of Public Health Regions and Health Insurance Regions;

"(c) make tentative arrangements with hospital boards and professional bodies for the purpose of this Act;

"(d) report to the minister in what manner health insurance benefits can best be supplied to the people of the province, the estimated cost thereof, the most advantageous method of paying for the services to be rendered to qualified persons and of providing the cost thereof."

The Lieutenant Governor in Council, may, from time to time, enter into any agreement with the Government of Canada respecting health insurance upon such terms and conditions as may be agreed upon.

The hasty passage of this measure at the end of the session was vigorously protested by the Saskatchewan medical profession. Protest was registered also against the definite lack of provision for representation of groups concerned on the Commission, lack of requirement that the Chairman of the Commission be a doctor and failure to provide for representative advisory committees.

quire a base 80 feet square. At the top, with the sides sloping at 45 degrees, it will be 60 feet square.

How is the steam-rising power of stored coal affected? The external difference in the moisture content may mistakenly reflect a decreased caloric value. There will also be the crop of disintegrated coal slipping through the grate. As a matter of fact, neither condition materially reduces the steam-rising power.

To guard against a fire occurring by spontaneous combustion, the coal storage location should be one where there is access to an adequate supply

of water. It takes more than a fine spray from a hose to douse such a fire. Not only is a lot of water needed, but it is also essential to attack the seat of the fire by holing, trenching and cutting. Another tactic is to spread the pile so that the hot coal gets a chance to cool.

**One member of our Editorial Board points out that his hospital has found it satisfactory to stifle the breathing rather than to assist it. This is accomplished by spraying a coating of cold water over the top of the coal in cold weather, and thus freezing the surface. For smaller piles the administrator would agree with the author.*

Hospital Service Plans

By **NORMAN H. SAUNDERS**
Director, Plan for Hospital Care (Ontario)

EVERY day 3,000 patients leave the hospital with their bills paid by the Blue Cross.

These hospital service plans, 76 in number, now place the cost of hospital care in the family's monthly budget for 13,000,000 workers and family dependents and have paid hospitals \$200,000,000 since their establishment.

Ten years ago the hospital service plan movement was scarcely known. At that time there were six plans with an enrolment of less than 13,000 subscribers. Since then total enrolment has been multiplied a thousandfold and continues to grow with more than 6,000 additional participants becoming eligible for benefits every day. They make regular payments, equal to a few cents a day per family, into a common fund which is used to pay the hospital bills for those people requiring such care.

The basis of the Blue Cross movement is the guarantee of service by the hospitals which maintain contracts with their local Plans. Plans which meet certain standards of non-profit community service, professional co-operation, and public sponsorship, are entitled to be identified by the seal of the American Hospital Association superimposed upon a Blue Cross.

Blue Cross Plans are in successful operation in seven provinces in Canada as follows:

Nova Scotia, New Brunswick, Prince Edward Island—Plan for Hospital Care.

Quebec—The Quebec Hospital Service Association.

Ontario—Plan for Hospital Care.

Manitoba—The Manitoba Hospital Service Association.

British Columbia—Plan for Hospital Care.

The Ontario Plan may be regarded as a typical hospital service plan. Organized three years ago by the Ontario Hospital Association, it now has an enrolment of over 270,-

000 participants and has already paid hospitals over \$1,000,000.00 for the care of subscribers and their dependents.

The operation of the Plan is simple, practical and effective. Groups of employees or members of established organizations contribute small monthly, or other periodic subscriptions to a common fund, which in turn pays for hospitalization when the need arises. The plan preserves personal initiative and independence and adds the co-operative spirit of "all for one and one for all". It retains the values inherent in private medical practice and hospitalization. It is operated as a non-profit service in the public interest. The members of the Board of Administration serve without remuneration, and hospitals are paid only when they render service. They do not share in any surplus which may accumulate. This is used to set up reserves against contingencies such as epidemics or unforeseen demands for hospitalization, and to provide increased benefits.

The benefits originally provided 21 days of hospitalization in a year, but this has since been increased to 31 days plus five additional days for each year of continuous participation of the subscriber or dependent up to a maximum of 51 days.

Subscription charges are kept as low as possible—less than two cents a day for the single person and less than three and a half cents a day for the married man, his wife and all children under 16 years of age.

Red tape is eliminated. Benefits are provided for every type of disease, illness or injury. No physical examination or statement of health is required. There is no exemption for pre-existing conditions and no age limit for adults. Once enrolled through a group, a subscriber may

continue in the Plan without loss of benefits after he leaves his place of employment.

The subscriber's own doctor is the sole judge in determining when hospital care is required. He alone recommends admission to hospital and decides when the patient should be discharged.

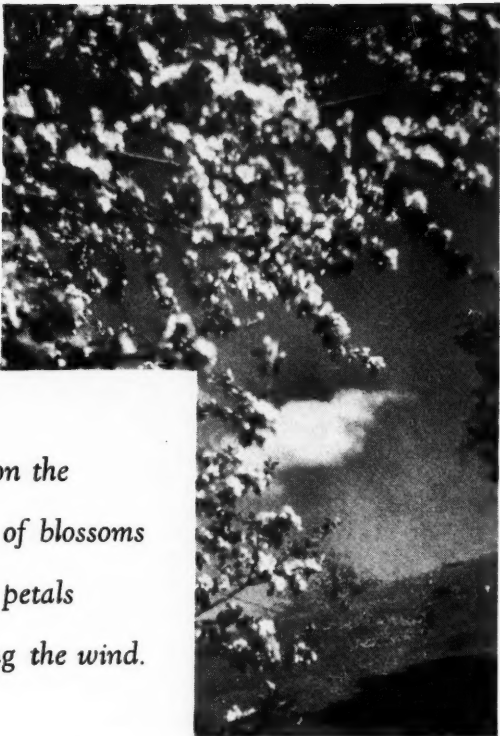
Today when every available dollar is being used in our struggle for freedom, it becomes increasingly difficult for the average person to meet the heavy expenses of unexpected hospital care—expenses seldom allowed for in the individual or family budget. Not only are the hospital service plans helping to solve this problem but they are removing the fear and worry which often block the road to recovery when a patient has disquieting thoughts over hospital bills.

What of the Future?

What of the future? Certainly some reference should be made to the various proposals being advanced in the name of "health insurance" for the people of Canada.

Since the proposals under discussion are regarded by some authorities as a possible blessing and by other authorities as a possible tragedy, one may be pardoned for approaching the subject with diffidence. The need for a temperate approach, for remembering that those who hold opposite points of view for any reason are as sincere, as intelligent—may in fact have a broader vision—is apparent to anyone who has discussed the proposals with either those who support them or those who don't.

Medical care, to use a broad term, costs *money*—more money than the majority of families can afford. Yet such is the paradox of medicine that few doctors get rich and most hospitals struggle to balance their



.... Borne on the
drift of blossoms
Whose petals
throng the wind.

—A. E. Houseman.

budgets. Meanwhile, thousands of the sick and ailing are not getting adequate treatment, and doctors and hospital authorities are fearful lest government-regulated medicine with its cheerless bureaucracy take over the medical care of the country.

Yes, both recognized and authoritative medical and hospital bodies have officially endorsed health insurance "in principle", but one still hears the haunting cry of "the entering wedge of state medicine". Let us not split hairs. Cannot we face the question in a realistic manner? No magical solution to the problems of health care is going to be pulled out of a legislative hat. The assumption that a compulsory contributory scheme will restore health is naive. Nevertheless, the popular demand is for health insurance and the modern trend is toward the adoption of such measures by responsible government. The question is not whether you are for or against it, but: What form shall it take?

To my way of thinking the hospital service plans are pointing the

way. They have demonstrated what can be done through co-operative effort. They have brought the people together through various organized groups in urban and rural communities and have helped them solve a common problem—the hospital bill. But this has not, nor will plans on a similar basis for medical care, usher in medical millennium. Neither will health insurance achieve a similar result. Let us face the problem in the spirit of co-operation, assuming our full share of the responsibility in the battle for improved health services. Cannot such services be brought about by a coalition of those rendering the services on the one side and the various interests on the other, whether they be government, industry, labor, farm or just plain citizens?

"God give us men; a time like this demands
Great hearts, strong minds, true faith and ready hands."

From an address at the A.C.S. Regional Wartime Session at Toronto in March.

Hospital Employees Under W.C.B.

Hospital employees in Ontario will come within the scope of the Workmen's Compensation Act of that province. An amendment to the measure was introduced in the Ontario legislature on March 31st by Labour Minister Charles Daley and was passed on April 6th. The arrangements will probably not apply before January 1st, 1945.

This will affect the 15,000 hospital employees in that province. Also of interest to the health field was the amendment repealing the section which provided that silicosis claims must be made within five years. Under the new amendment there is no time limit for claims. Also it will not now be necessary for the claimant to have been exposed to silicosis dust for five years before the date of infection. The period of exposure is now reduced to two years.

Civil servants and employees of hotels, municipal corporations and school boards, as well as farmers, will now come under the Act.



A long, slender rod quickly disclosed the depth of the coffin.

The Fine Art of Body Snatching

Eighteenth Century Grave Plunderers and Their Trade with Anatomists

*Good friend, for Jesus' sake forbear
To dig the dust inclosed here;
Blest be the man that spares these
stones,
And cursed be he that moves my
bones*

—Shakespeare

BODY snatching, or grave robbing, was not a new form of enterprise in the early 1700's, if we can judge from old epitaphs. But it was about to enter its golden era as a profitable profession, with especially good, fresh subjects bringing as much as £15 apiece in the anatomical schools of London and Edinburgh. That sum, incidentally, was also the annual teaching honorarium of Alexander Munro *primus*, outstanding anatomist of his day.

The teaching of anatomy in the British Isles from 1500 to about 1700 was under the control of corporate bodies of barber-surgeons.

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Private dissection was prohibited. During the reign of Henry VIII, for instance, only the United Company of Barbers and Surgeons could conduct anatomical demonstrations and the crown granted the company the bodies of four criminals for dissection each year.

But the ascendancy of teachers like Alexander Munro and Robert Knox, in the eighteenth and nineteenth centuries, and the establishment of schools of anatomy in the great hospitals, the sway of barber-surgeons weakened. Finally they lost completely their control of the teaching of anatomy.

Independent schools began to spring up; in them, each student was required to dissect a number of subjects as part of his training. Thus the demand for cadavers skyrocketed. By 1828 there were twelve schools of anatomy in London, eight in Edinburgh, five in Dublin. Perhaps eighty bodies a year were le-

gally available in all England, and there were 1,000 anatomy students in London alone. It was then that the body snatchers became active. As early as 1711 the Edinburgh College of Surgeons took cognizance of their trade by terming it "un-christianly", a rebuke that had little effect on the gentlemen with shovels and sacks.

The law itself had got things into rather a mess. In the mid 1700's each anatomy student was required to produce certificates of attendance at two courses of dissection in order to qualify as a surgeon. But the law provided no bodies for him and his fellows to dissect.

On the other hand, the law didn't interfere seriously with the supply provided by the snatchers. The stealing of bodies for purposes of dissection was not a felony, and the students who often "resurrected" their own subjects knew it. If, on occasion, they could get their hands on one *before* it was buried, so much the better.

On one occasion, a young giant, Corney Magrath, had died in Dublin—and it was no secret that his corpse was in jeopardy. Aware of that fact, Dr. Robinson, professor of anatomy at Dublin University, addressed his students thus:

"Gentlemen, I have been told that some of you in your zeal have contemplated carrying off the body. I most earnestly beg of you not to think of such a thing. But if you should, I would have you remember that if you take only the body there is no law whereby you can be touched; but if you take so much as a rag or stocking with it, it is a hanging matter . . ."

That night a wake was being held for the giant in his erstwhile lodgings over a pub. Four students joined the party. They ordered up unlimited supplies of whisky, to which they secretly added laudanum. When the giant's friends were temporarily out of circulation, the students removed a door of the house, placed the body on it, covered it with their gowns, and hurried off.

Next day the mourners, despite prodigious hangovers, protested violently to the authorities, who called

in Dr. Robinson. He washed his hands of the matter saying, "The students started dissecting as soon as they got the body—and the work is far advanced. What can I do?"

"Professional" body snatchers, of course, handled the bulk of the business, and were highly efficient in their trade. They knew, for instance, that a despoiled grave must be left superficially unmarked (because of public indignation over grave robbing); so they devised such special tools as curved spades, scoops with jointed shafts, and slender grappling irons.

The grave robbers worked quickly, for it required twenty minutes or so to exhume a body—and there were often five or six snatches on the evening's agenda. One popular technique was to remove a piece of turf at a spot fifteen or twenty feet from a grave, then dig a long, slanting tunnel to the coffin. (Sounding—through the grave itself—with a slender iron rod disclosed the depth of the box.) When the casket was reached, its end or top was wrenched off and the body drawn out. Then the tunnel was carefully refilled and the sod replaced.

Another technique was to cut away the sod at one end of the grave, then dig a relatively small



Withdrawing the body. Soil and sod were afterwards replaced.

hole directly down. When the end of the coffin was reached it was pried off and the body removed. The hole was afterwards filled and the sod replaced.

The evening's digging over, the snatchers usually placed the bodies in sacks and transported them by cart to a cellar warehouse. By next morning the cadavers were likely to be on dissecting tables.

The great majority of subjects

were stolen after burial, but a few specialists snatched corpses before they had been interred, for their extra "freshness" brought a premium. These short-order men knew the name and address of every critically ill person in the countryside and were touchingly concerned about his progress, or lack of it. Perhaps the most colourful of them was one Andrew Lees.

Lees, who specialized in obtaining the bodies of individuals who died friendless and destitute, was a "weeper". Tall, gaunt, and sad beyond description, he would arrive at the lodging house of the lately deceased and inquire tearfully about his "dear cousin". After a suitable interlude of sorrow, he would arrange to return later and remove the remains to the "old family vault in the country".

He was as good as his word. That night he would be back with several equally sad "cousins" and "praying Howard". The latter, a ruffian disguised as a clergyman, would conduct a touching service at the bier, after which the cortege would depart.

Prices of cadavers varied, of course, with supply and demand. In the early 1700's a good subject brought only £2, by 1825 the fee had risen to £15. From these prices there was a downward scale, for the graveyard tradesmen graded their goods by size as well as freshness. A body less than three feet long was



Anatomists make their selection.

called a "small" and further classified as a "small small" or a "foetus". This substandard merchandise was sold by the inch.

The organized gangs of snatchers had leaders who were both hard-boiled and proficient. When they took their henchmen into an outlying graveyard for an evening's work they expected to return with a full load of five or six bodies. One of the leaders, Ben Crouch, told a parliamentary committee, after he retired, that in the years 1810-11 he had acquired and disposed of 783 bodies. Each snatcher earned the equivalent of about \$1,750 a year—in those times a princely sum.

Some of the more enterprising snatchers developed an import and export trade. Bodies, well pickled, were packed in casks, labeled as innocent goods, and shipped between London, Dublin, and Edinburgh. Occasionally things went awry. One exporter packed a choice selection in casks marked "Bitter Salts", and sent the merchandise to the quays. Perhaps the casks stood there in the sun too long, or perhaps they contained too much cadaver and too little salt. In any event, the shipment soon began to evidence itself. The exporter was put to considerable loss when his casks were confiscated, even though he apparently suffered no other inconvenience.

Whereas the law and the police took a complacent view of body snatching, the public did not. Anger and apprehension, intensified by almost complete frustration in attempts to protect graves, occasionally boiled over—with spectacular results. As in all mob action, the innocent were just as likely to suffer as the guilty. In Edinburgh, for instance, two men who had just bought an empty coffin were on their way home with it in a coach when some street loafers bellowed "Resurrectionists!" Within a few seconds a crowd had removed the horses from the coach, dragged the vehicle to a cliff, and pushed it over. Then, to make assurance doubly sure, the rioters clambered down after it and set the wreck afire.

It remained for two renegade Irishmen named Burke and Hare, who lived in the Edinburgh slums, to bring the pre-interment snatching

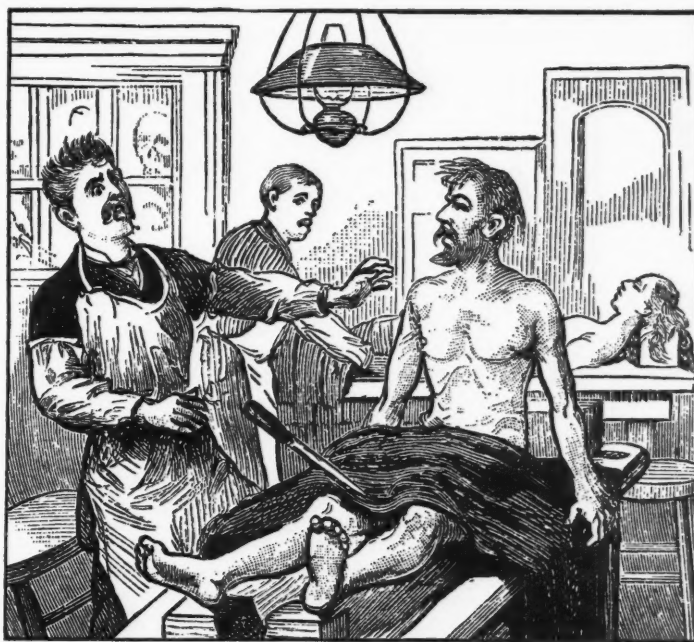
technique to perfection. This pair conducted a low-grade lodging house. They were, of course, aware of the activities of the resurrectionists, but since it involved some labour they avoided it. But pure good luck put them in the trade anyway.

One of their lodgers, Old Donald, a pensioner, inconsiderately died while on their hands while still owing a few shillings' rent. The authorities, according to custom, sent a rough coffin for the body, and arranged for a cart to pick it up later. Old Donald's irate creditors started to put his body into the coffin—and were struck by a wonderful idea. Behind the house was a quantity of tanbark, worth nothing, and here was Old Donald worth £7 in any medical school.

Dr. Knox complimented them on the quality of their merchandise, and the murderers began to make some plans.

At first they were cautious, in selecting their victims, to pick those who would never be missed by anyone. Fourteen such victims reached the dissection tables, and Burke and Hare congratulated themselves on as neat a little business as a man could want. They also became careless: Their fifteenth and sixteenth victims were known the width and breadth of Edinburgh.

One was Mary Patterson, a particularly handsome and popular prostitute; the other, Daft Jamie, a gentle halfwit who was everybody's friend. Their bodies were instantly recognized by medical students. On top of that a couple of Burke's drinking



Too fresh a subject.

When the city cart arrived it carried away a nailed coffin full of tanbark. And that night Old Donald was toted to the establishment of Dr. Knox. The surgeon spoke favourably of the subject's freshness.

No one else died at the lodging house—for a while. Then Hare came upon an old woman, Abigail Simpson, and talked her into coming to the basement "for a dram". One dram led to another until Abigail was hopelessly drunk. Then Burke and Hare quietly smothered her. Again

companions tipped off the police, and the murdering pair were soon collared. Burke went to the gallows; Hare testified against him and was freed. And Dr. Knox—a brilliant surgeon and teacher, perhaps the best in Edinburgh—went into bitter exile and oblivion.

In colonial America, few bodies were available for dissection. In addition, there was particularly violent opposition to the practice on the part of the populace. Anatomical research
(Concluded on page 76)

Purchasing

— *an Essential Part of Hospital Economics*

By WILLIAM J. JONES
Royal Victoria Hospital, Montreal

ECONOMY of time and materials will never go out of fashion, and the saving which can be effected in the purchasing of materials, supplies, merchandise and equipment is an economic problem, the investigation of which will amply repay any person interested in it.

There have been many volumes written about the various problems of production. The literature on the art of salesmanship is plentiful and sometimes highly scientific. The problems connected with accounting methods have been analysed and discussed exhaustively. The mysteries of finance have been sifted and examined and placed before students of the subject in an interesting and attractive form. The literature devoted to the art or philosophy of buying, however, is neither extensive nor exhaustive, although it is a subject of equal importance and is an attractive and alluring study.

More money can be lost or saved in the purchasing department than in any other department of an organization. This applies to both large and small organizations, whether or not they operate for profit.

Sound purchasing means more than accepting requisitions and relaying them to suppliers by means of telephonic communication. The work of the purchasing agent must begin before the requisition is received and should continue after the goods have been bought, delivered, inspected and put into service.

Regulated and right buying is a study in economics. The transfer of commodities from producer to consumer involves trade and commerce; that is, buying and selling. In this exchange there are currents of pro-

ducts continually moving, generally from the producer to the consumer. These products include not only finished articles but also their component materials and parts in various stages of production and merchandising. The picture is very large and difficult to comprehend at a glance, but it is hardly too much to say that the apparently simple transaction of purchasing almost any product is the final act of a succession of processes and procedures which involve the whole of our modern economic system.

Qualities Necessary

Technical knowledge without common sense is of little benefit; in fact, common sense is perhaps the highest requisite for a purchasing agent to possess. This qualification combined with energy, directness, honesty and hard work will prove irresistible. "Honesty" is interpreted in Webster's Dictionary as meaning "a nice sense of allegiance to the standards of one's profession, calling or position". This is about as good a definition as can be given of the purchasing agent's attitude to his co-workers in the organization and to all people he meets in his multifarious duties and transactions.

Shrewdness is also essential to a purchasing agent. Tactfulness, too, will help him over many rough places and assist in the consumma-

tion of any advantageous transactions. Tact has been described as "doing the right thing at the right time" and is probably more essential in this department of the organization than in any other.

The general principles which should govern the actions of the purchasing agent are the same, whatever the nature and size of a business. To obtain the best results he must be a man who is able to meet other men without arousing their animosity, for to be on a good footing with the man with whom deals are being made is a great advantage. Men will sometimes do for friendship what they will not do for financial gain. One of the surest ways of arriving at a good understanding with the salesman is to be able to talk with them about their own goods, and a man who can do this intelligently will be able in many cases to make a better deal. Modern business ethics require that in every transaction there should be real human benefit both to the buyer and to the seller.

Mutuality between buyer and vendor is the basis of a good purchasing policy. Mutuality guides the reception of the visiting salesmen, the placing of orders, the follow-up on deliveries, the correspondence, the receiving and inspection of goods and the payment of bills.

Co-operation Essential

While stress has been laid on the importance of the function of buying, it must not be forgotten that it is a component part of the activities of the organization as a whole, and co-operation with the heads of other

Correct purchasing consists of getting the right goods, in the right volume, at the right time, from the right source, at the right price.

departments is imperative to secure a well-balanced administration. Any purchasing agent having a distorted or exaggerated idea of the importance of the functions of his department is a liability rather than an asset to the organization to which he belongs. The attitude of the other departments of the organization will be a reflection of the purchasing department's service to them, and the criterion by which it will be measured. Mutual confidence between departments can only be attained by a policy of tact and willingness to help.

The purchasing department is an economical development itself and therefore its internal management should exemplify this policy. The main object is to get the work done ably, correctly and expeditiously at the least cost. Theorizing in itself does not accomplish anything, but it is generally the product of experience and, put into practice, produces experience.

Requirements

To obtain the best results from a purchasing department certain tools are necessary, among which are the following:-

1. An adequate personnel;
2. An efficient system of records;
3. An accurate list of merchandise or services required;
4. A complete list of reputable vendors;
5. An up-to-date catalogue file;
6. Close relationship between departments and purchasing agent;

7. Subscriptions to trade magazines and publications;
8. Membership in appropriate associations or organizations.

System

Whatever the size or scope of the purchasing department it is essential that there should be a proper system. A system is not an operating movement, it is simply a well-kept channel or route on which the energy and efficiency of the organization is directed until the goal is reached. A system may be perfect but, in itself, it can do nothing; it will be inert and useless unless operated. Every system in use in any concern should have a general basic plan and must present a definite useful purpose.

Every element in a system must be worth its cost; in too many cases it takes a system to run a system. Simplicity is the key-note of a good system. The justification of a system is its effectiveness in covering with accuracy and dispatch all the points comprehended in the work of the office, with the absolute certainty of increased economy. However efficiently it is working, it must nevertheless be constantly under review.

Standardization of materials and products is generally recognized as imperative, and believed by engineers and economists to be the coming great principle in business and industry. Better prices can be obtained if standard articles are bought. When used in various de-

partments the convenience derived from their being interchangeable cannot be overlooked.

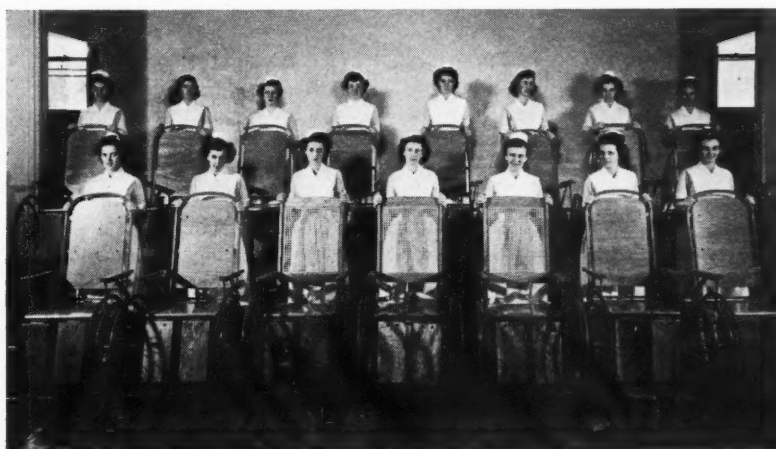
Measuring Quality

It is well known that all commodities vary in quality. Means for determining or measuring the quality of products vary from an examination for surface defects and dimensional measurement to chemical analysis, physical tests, microscopic examinations and other exacting tests.

Standards of quality on specifications are the most important aspect of standardization to the purchasing agent. Specifications necessarily take into account the purpose for which the article is to be used, that is, its suitability. The object of purchase specifications is to inform the vendor in regard to what the purchaser wants and what he does not want. The tendency of modern purchasing is more and more towards the use of specifications and away from the use of the term "equal to standard sample".

Specification simply means correct description, but specifications are of little value without proper inspection. How much inspection is to be made is an economic question that must be determined for each individual case; each article should have the least inspection that will accomplish the desired purpose of assuring quality. Inspection should take precedence over the taking of discounts in the payment of invoices;

(Continued on page 66)



Wheel Chair Chorus

This fleet of wheel chairs was presented to the Royal Victoria Hospital by Mr. Walter M. Stewart, February, 1944.

Obiter Dicta

Professional Workers and Collective Bargaining

THE development of collective bargaining as a principle in labour relationships would now seem to be firmly established, in the light of recent provincial and national legislation. The application of this principle, however, to various individual situations will still require much careful planning. An interesting point in question has been the place of the professional worker employed in industry, such as the chemist, the graduate engineer, the dietitian and others. As the Government's new labour code was originally interpreted, these individuals would all come under the collective bargaining arrangements.

This difficulty has now been satisfactorily adjusted. Last month a delegation representing fourteen professional organizations asked exemption of their members from the provisions of the new code. The delegation, representing some 25,000 professional workers in industry, including engineers, chemists, architects and surveyors, stated that they did not want to be compelled to become a party to a collective agreement negotiated, not by themselves or a professional organization, but by a labour union. The Canadian Medical Association gave support to this representation, as there are many doctors who are employed as plant surgeons and who would be compelled to make arrangements with their employers, not directly or through their own association, but through the labour organization approved by the workmen. The National Labour Relations Board has now ruled that persons employed in a professional capacity do not come under the Government's new labour code. "Persons employed in a professional capacity shall be deemed to be employed in a confidential capacity." Persons employed in work of a confidential nature or with authority to employ or discharge workers are excluded from the code.

Hospitals as a whole have not been directly affected to any great extent by the development of unions, although a fair number of hospitals do have unionized employees. In such cases this exclusion of professional workers from the collective bargaining and arbitration arrangements is of moment, as hospitals have a higher proportion of professional workers on salary than almost any other type of industry.

The establishing of collective bargaining has advantages from the point of view of both the employee and the employer, but there is no doubt but that it has emphasized the vertical rather than the horizontal type of or-

ganization. In other words, the recognition of the craft or guild, which has always laid the emphasis on quality of production, has been submitted to a type of organization which cuts across crafts and technical groups but has been more effective in paralyzing industry in economic disputes. It is well that professional workers be kept clear of arrangements which have little to do with the quality or standards of professional service.



Health Problems in Great Britain

MISS FLORENCE HORSBRUGH, M.P., who has been Parliamentary Secretary to the Ministry of Health in Great Britain for the last five years, has just completed a short visit to Canada, during which she gave an interesting outline of some of the health problems faced over there during wartime.

Health in Great Britain has remained unusually good during these trying years, a remarkable fact in view of the shortages of food, the disturbance of home conditions and the strain, day and night, under which people are living. It has been worthy of note that mental disturbance has actually decreased during the war years. Tuberculosis and venereal disease are still the black spots on the health record of the country, but at that tuberculosis is much less serious than it was a decade or two ago. Epidemic jaundice has become quite prevalent and is now the focus of much research, as was reported by Col. L. C. Montgomery, M.C., V.D., when he visited Canada a few weeks earlier.

The evacuation of many people from dangerous areas has disrupted domestic life considerably. It must be remembered that one house in every five in Great Britain has been destroyed. Continual bombing on successive nights is most effective in wearing down morale, and there is always heavy strain in shelter life because of the fear, night after night, that there will be no home to return to on leaving the shelter.

One of the biggest achievements of the Ministry of Health was in evacuating over a million people from the London area in four days. Although readjustments had to be made later, and although some had to be re-evacuated because of Nazi threats, the arrangements effected were very satisfactory—except for the "lost" husbands who found themselves in a sad plight after the departure of their families.

Caring for refugees from France, the Channel Islands, Gibraltar and other places constituted a real problem,

since they required housing, feeding, clothing, photographing and the issuance of coupons, masks, etc.

An emergency situation that required quick handling was frequently the "unexpected expectant mother". Babies were born in busses, on trains and in every conceivable place, but there was not one casualty. The maternal mortality rate is now 2.47 per 1,000 — a figure lower than we have ever achieved in Canada. Emergency maternity homes have been set up in areas not previously equipped with such facilities, and already these homes have looked after 114,000 confinements. One advantage of the system of giving a pregnant woman more food coupons is that it brings her under earlier control for necessary instruction.

Of serious concern is the shortage of help for health work. There are some 98,000 nurses now engaged in the pooled scheme, but 11,000 more are needed at once. It may be necessary to comb the factories and transfer many nurses from industrial positions to others where they would be doing more necessary work. Many of the hospitals have been seriously damaged, one large children's hospital having been almost destroyed twice.

It was Miss Horsbrugh's opinion that the war had permitted Great Britain to embark upon a gigantic programme of occupational therapy. Their war activities and personal participation in duties associated with the war effort are sustaining many people and enabling them to keep their balance during these times.



The Proposed Continental Blue Cross

AN INTRIGUING proposal has been made by Mr. John R. Mannix, director of the Chicago Plan for Hospital Care and formerly director of the Michigan Plan. Writing in the April issue of *Hospitals*, Mr. Mannix proposed that there be set up a continent-wide organization known as the "American Blue Cross" under the joint sponsorship of the medical profession and the non-profit hospitals. This body would provide both medical and hospital benefits without restrictions or limitations and on the basis of voluntary enrolment. The American Hospital Association and the American Medical Association would select the joint Board, and dental and nursing associations would be represented later if such services were included.

Existing Blue Cross and medical plans would retain their corporate identity and autonomy but would be part of this national scheme. Medical services in the home and office, dental service and home nursing would be added as public demand would justify them. It is recommended that there be a single rate for all employed persons, whether married or single. The basis of payment should be based on the income of the participant. The rate to paying members should be sufficiently high to provide coverage for those unable to pay. The unemployed should be carried during depression by loading the subscriber's rate approximately 10 per cent. The plan is proposed as an alternative to the state-sponsored compulsory health insurance measure now proposed at Washington.

This proposal of Mr. Mannix will undoubtedly arouse much interest. As Mr. Mannix states, "The public

wants protection," and this widespread demand cannot "be minimized by the simple device of destructive criticism". The success of the Blue Cross Plans and the widespread antagonism in the United States to compulsory measures sponsored by Washington would lead one to feel that such a proposal would meet with general support. The Blue Cross Plans are steadily becoming more standardized and there is evidence that the voluntary medical plans are meeting with increasing favour. A widely-accepted joint voluntary plan, coupled with adequate state medical relief and compensation to hospitals for indigents' care would go a long way towards overcoming the weaknesses in our present health system.

However, one entertains considerable doubt as to the practicability of this proposal. Voluntary plans cannot effect complete coverage. Low-paid urban dwellers and those living in rural areas constitute a serious enrolment problem. Without full enrolment, such as is possible under a compulsory plan, the arrangement would not be satisfactory. A plan which requires subscribers voluntarily to carry the indigents and to carry an overload of 10 per cent to provide for the unemployed would have two strikes against it to start with. Grading the premium on the basis of income may be justifiable in theory, but only a portion of those who would be needed to help finance the plan would participate on a voluntary basis. The problem of the indigent can attain such magnitude in times of depression that it would not be long before voluntary contributors would insist on the state's taking over the responsibility.

One is of the opinion also that the public demand today is for full social security. Not only does the public want medical and hospital coverage, but it is demanding cash benefits, old age pensions, children's allowances and other features. It is evident here in our health insurance discussions that the people will not listen to the idea of financing health insurance themselves; they are insisting upon the "bottomless pit" at Ottawa bearing the major share.

The suggestion that the benefits be provided "without restrictions or limitations" as proposed, with various benefits left "entirely to the discretion of the attending physician" will result in costs so high that voluntary membership would soon lag. The provision of benefits in hospital with coverage at home or office left for future development is fundamentally unsound. One would anticipate unnecessary hospitalization of patients on that basis.

A single rate irrespective of marital status has merit and could be adopted by legislation, but I doubt if the unmarried as a group would be willing to adopt this principle voluntarily. Moreover, the modern conception of health emphasizes prevention as well as cure. No plan can be fully satisfactory until it does provide adequate preventive measures.

One would like to see such a measure tried out; valuable actuarial data would be obtained, vital experience in many details would be developed and the idea of direct personal contribution on the part of the public would become more deeply ingrained. As a final and lasting solution, however, we doubt very much that a voluntary plan alone can fully meet the present demand for health protection.

With the Hospitals in Britain

By "LONDONER"



C. E. A. Bedwell

Dear Mr. Editor:

In addition to the direct hit which war has given to many hospitals, there is an indirect effect which is deserving of notice. The prevailing conditions have prevented quite a number in different parts of the country from being able to observe their centenaries. Naturally the occasion is one for some suitable kind of observance and provides a special opportunity for raising money for development in some direction. The hospitals which have been particularly affected are what are known as the "special" hospitals, for a hundred years ago has been noted as the era of their foundation.

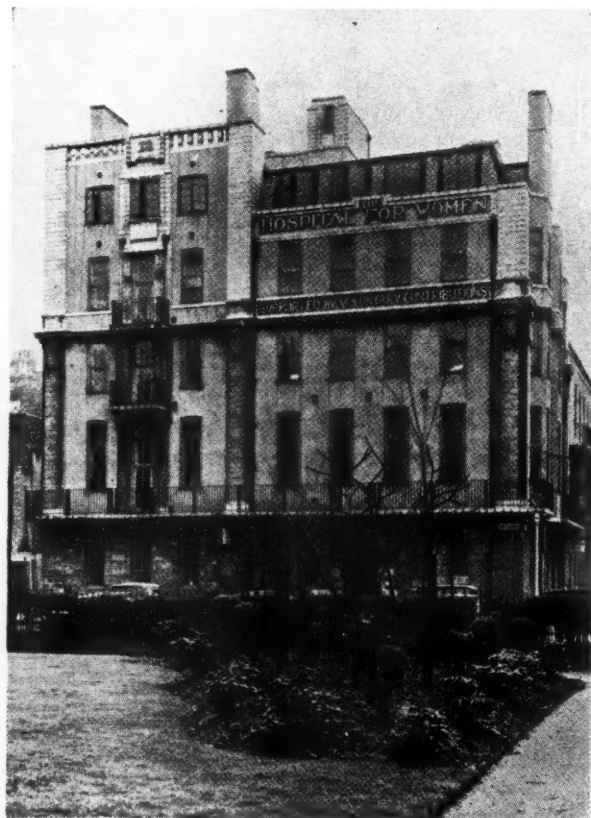
The Women's Hospital in Soho

Square is a notable example. It claims to be the oldest of its kind in the world. Like so many of these institutions its establishment was due to the initiative of one man, Dr. Protheroe Smith, and was originally in a house in Red Lion Square, where there was accommodation for eleven in-patients. In spite of this pioneering piece of work for "treating patients labouring under the diseases peculiar to females" the doctor's name does not appear in the Dictionary of National Biography. At the beginning of the war the hospital was closed but in 1941 permission was obtained to open nineteen beds, and the number was doubled in the following year. This was in accordance with the policy of the government to discourage the occupation of hospital accommodation in the centre of London. There has been a certain

amount of damage in the neighbourhood, which at one time was the fashionable quarter of London. The name "so hoe" is reminiscent of the hunting call when the hare could be found there in its rural haunts.

Since the beginning of the war the hospital has been the scene of an interesting experiment, which has attracted a certain amount of attention. One of the surgeons, Mr. W. C. W. Nixon in the William Blair Bell memorial lecture delivered at the Royal College of Obstetricians and Gynaecologists on the subject of diet in pregnancy has given the result of some of the researches which led to it. Among the proposals which he put forward to improve the health of the expectant mother was that there should be in every waiting room of a clinic a demonstrator "who would discuss with the women what best to buy at current prices with their limited means. She should demonstrate fully the preparation of dishes and talk over culinary problems in a simple, sympathetic and practical way." This has been carried out by the co-operation of the London County Council as the education authority without cost to the hospital. On the day when I looked in there was no doubt about the interest of the patients and the practical character of the information which was being imparted to them. It should be noted that this differs from the instruction which is given in some hospitals by dietitians with a view to providing special diets for gastric and other conditions. Some of your readers will remember Edinburgh Royal Infirmary as a notable example.

Apart from its immediate purpose this departure from ordinary hospital routine is interesting as demonstrating that this type of hospital, which in the minds of some is regarded as belonging to a past state of hospital organization, is capable of moving with the times and making



Hospital for Women
from the Garden
of
Soho Square.



Generous proportions and unique tailoring allow extra "nose room".

FIRST... it must protect

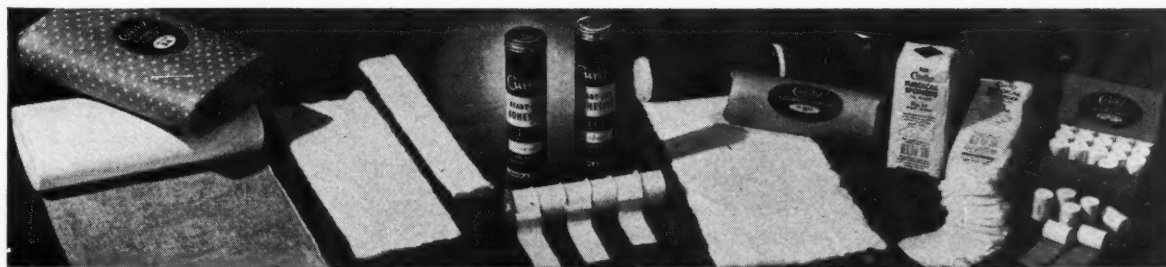
A surgeon wears a mask to protect his patient. He asks, first, that a surgical mask safely perform that protective task.

It is an unfortunate physical fact that cloth masks which are relatively comfortable are also proportionately worthless as protection. The thinness which allows easy breathing also allows relatively free passage of bacteria-laden droplets.

Curity Surgical Masks are designed to do first things first. The unusual fashioning of Curity Surgical Masks . . . the development of an entirely new filtering cloth . . . all are results of long, careful Bauer & Black research.

Comparative tests have shown, over and over again, that these research-established principles do protect . . . that Curity Surgical Masks effectively trap breath-borne bacteria.

Some day, Bauer & Black research may discover a new filtering material which will add greater comfort to the protective efficiency of Curity Surgical Masks. Meanwhile, the patients' safety will remain our first thought . . . as it is yours.



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RESEARCH TO IMPROVE TECHNIC...TO REDUCE COST

Curity
REG. IN CANADA



One of the wards in the "Old Hospital" of the Hospital for Women, as sketched by Winterhalter.

up-to-date provision for its patients.

Nevertheless, it is idle to ignore the fact that these special hospitals, whether they are devoted like this to the special needs of women or are concerned with particular parts of the body as the eyes, ears, nose or throat, are not easy to fit into any rational hospital service. Above all there are the children's hospitals of which there are notable examples.

One suggested policy is that these hospitals should combine among themselves so as to create larger and, it is contended, more efficient units.

In that process some are obliged to lose their identity and so there is difficulty in obtaining any general acceptance of the policy. It may be that in the course of time the pressure of events will drive them to some form of amalgamation. The situation in some respects is paralleled by the Roman Catholic Hospitals with which you are familiar.

All these special hospitals have one predominating characteristic in that they embody the spirit of the voluntary hospitals in its most vigorous form. The fact may perhaps pro-

vide an alternative method of dealing with the problem. By its initiative and enterprise it links them with the teaching work, where resides the freshness of mind and research. At present we are awaiting the report of the special committee appointed by the Ministry of Health to advise upon the position of the hospitals with medical schools and it may be possible to link the "special" hospitals with these larger centres. Thus they could retain their individuality and make their contribution to the greater whole.

Blue Cross News

Four-fifths of a million people (793,503) enrolled in Blue Cross Plans during the first quarter of 1944. This meant a daily growth of over 10,000 members for each of the 75 business days of that quarter.

Total membership of Blue Cross Plans now stands at 13,798,996.

Two Plans each have more than 1,000,000 members. The New York City Plan has 1,497,945 members as of April 1st, and the Michigan Plan has 1,089,345.

The three Canadian Plans established before the first of the year (Manitoba, Ontario and Quebec) each registered more than 18,000 new members during the quarter. Their growth, combined with enrolment in the two Plans with headquarters in Moncton, N.B. and Vancouver, B.C., both with first con-

tracts effective on February 1st, 1944, accounted for an addition of more than 100,000 participants in Canadian Blue Cross Plans during the quarter. The Canadian figures are as follows:

Plan	Total Participants April 1st	Net Gain in 1st Quarter
Ontario	275,103	29,852
Manitoba	140,641	19,813
Quebec	58,000	18,791
Maritimes		25,684
British Columbia		8,895

A check of eight Plans with some 4,000,000 participants showed a 24.7 per cent decrease in confinements during the first quarter of the year. As the birth-rate among Blue Cross members is slightly higher than for the entire population, there would seem to be a definite decline in the birth-rate of the whole population. From figures submitted it is esti-

mated that 350,000 babies will be born under the sign of the Blue Cross in 1944.

In addition to the two Blue Cross Plans with more than a million participants each, there are nine Plans with more than half a million members each, 13 Plans exceeding 300,000 members and 32 Plans with more than 100,000 members.

New Superintendent of Nurses Appointed at Regina General

Miss Muriel E. Thompson, Reg. N., has been appointed superintendent of nurses at the Regina General Hospital, succeeding Miss A. F. Lawrie who resigned recently. Miss Thompson is a graduate of the Winnipeg General Hospital and was for some time assistant superintendent of nurses at Regina.



Reconnaissance!

For the Abbott control technician, also, seeking out hidden enemies is an important function. In the production of Abbott Intravenous Solutions, one of his essential tasks is to search for every possible evidence of pyrogens. By injecting intravenously into rabbits a solution from two containers of every manufactured lot of Abbott Liter Solutions, and by taking rectal temperature readings hourly before and after injection, he can determine if these substances are present. ● *If pyrogens are found . . . the entire lot of finished*

solution is destroyed. This is your safeguard against solutions that might cause dangerous reactions.

● Why not specify ABBOTT when ordering Intravenous Solutions? Only the most exacting standards attend their production. Every lot is not only rigidly tested for the presence of pyrogens, but is also subject to exacting determinations of pH and drug content. ● Let your Abbott representative tell you more about Abbott Intravenous Solutions and versatile dispensing equipment. ABBOTT LABORATORIES LIMITED, MONTREAL.

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National Health Survey

Summary of Findings and Recommendations

(Continued from April issue)

In our last issue we published a synopsis of the findings and recommendations respecting hospitals as submitted to the Canadian Medical Procurement and Assignment Board for inclusion in its National Health Survey. In this issue we continue a condensation of the Survey report as laid before the House of Commons by the Honourable the Minister of National Defence, which Survey report in turn was a summary of the more detailed reports submitted to the C.M.P.A.B. by the various organizations participating.

Civilian Medical Manpower

IN March, 1943, Canada's medical population totalled 12,235. Of this number 3,006 were in the Armed Forces. Of the remaining 9,229 physicians, 8,614 were active while 615 were living in retirement. (On March 1st, 1944, there were 3,589 doctors in military service.)

Among physicians still in civilian life only 41.7 per cent are under 45 years of age. In March, 1943, the ratio of civilian doctors to population was 1 to 1,261 persons. By provinces, this is as follows:

Prince Edward Island....	1 doctor to 1,659 persons
Nova Scotia	1 doctor to 1,450 persons
New Brunswick	1 doctor to 2,136 persons
Quebec	1 doctor to 1,206 persons
Ontario	1 doctor to 1,068 persons
Manitoba	1 doctor to 1,438 persons
Saskatchewan	1 doctor to 2,078 persons
Alberta	1 doctor to 1,626 persons
British Columbia	1 doctor to 1,168 persons

Summary of Recommendations

The following recommendations are supported by the C.M.A.:

1. That freeing and moving of doctors for the duration of the War be controlled by the Canadian Medi-

cal Procurement and Assignment Board.

2. That provision be made whereby physicians called up under National Selective Service and those in low categories, be made available for service, either in the Armed Forces or in civilian life, on the recommendation of the C.M.P.A.B.

3. That physicians called up by National Selective Service and found to be in low medical categories be re-examined by special military medical boards whose decisions shall be final.

4. That doctors who are called up for service and who are found to be "C1" or "E" and therefore declared unfit for military service, be assigned to civilian duties replacing doctors who have entered military service.

5. That the Survey showing the distribution of all medical manpower in Canada be continued so that its valuable war and post-war information will be available.

6. That the Canadian Medical Procurement and Assignment Board be given the same powers with respect to the disposal of medical personnel as National Selective Service has for the disposal of other personnel.

7. That each province be requested to grant interim licenses to practise to military doctors serving in that province who may be called upon to render services to civilians.

8. That medical officers of the Armed Forces be encouraged and permitted to assist civilian medical practitioners whenever and wherever possible consistent with their military duties.

9. That provision be made for the replacement of doctors in rural areas when they are no longer able to carry on.

10. That movement of doctors from one locality to another be controlled.

11. That medical officers in the Armed Forces be relieved as far as possible of clerical and non-medical duties.

Medical Schools

The nine medical schools in Canada graduated, prior to the war, an average of 491 students annually. This number has been increased by compressing 3 years' work into 2, achieved by practically eliminating the holiday periods.

Medical schools have suffered considerable depletion of their teaching staffs during the war, and it is doubtful if further depletion can be considered.

Recommendation

That satisfactory replacements be found before any further withdrawals from the teaching staffs be made.

Public Health

The survey of the present personnel in Federal, provincial and local health departments reveals that they cannot be further reduced if health protection is to be maintained.

The staffs of mental hospitals and tuberculosis sanatoria have been depleted almost to the danger point. An outline in meticulous detail is given of the present public health facilities across Canada and the methods by which public health problems are met.

Recommendations

The following are supported by the Dominion Council of Health:

1. That the Canadian Medical Procurement and Assignment Board or, failing it, some other authority, be empowered to take such measures as will ensure the maintenance of the present minimum public health, mental hospital and tuberculosis sanatorium services.

2. That no further enlistments of public health personnel be made without the approval of the provincial medical officer of health, or other responsible officer designated by the province.

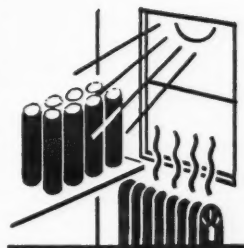
3. That post-graduate courses of instruction in public health provided by universities in Canada for train-

(Continued on page 48)

Timely Suggestions for the care of Adhesive Plaster



1. Don't over-stock. Adhesive plaster is made with precious rubber. A 90-day supply should suffice.



4. Avoid storing in the rays of the sun or near steam pipes. Too-hot temperatures cause rapid deterioration. Keep in a cool, dry room.



2. Always store rolls standing on end. Use up old before starting on new shipments of adhesive plaster.



5. Be extra careful not to drop, squeeze, or otherwise mishandle rolls. When dented, they are very difficult to unwind.



3. Play safe. Give departments enough for immediate needs only. Sometimes, you may supply individual cuts instead of a full roll.



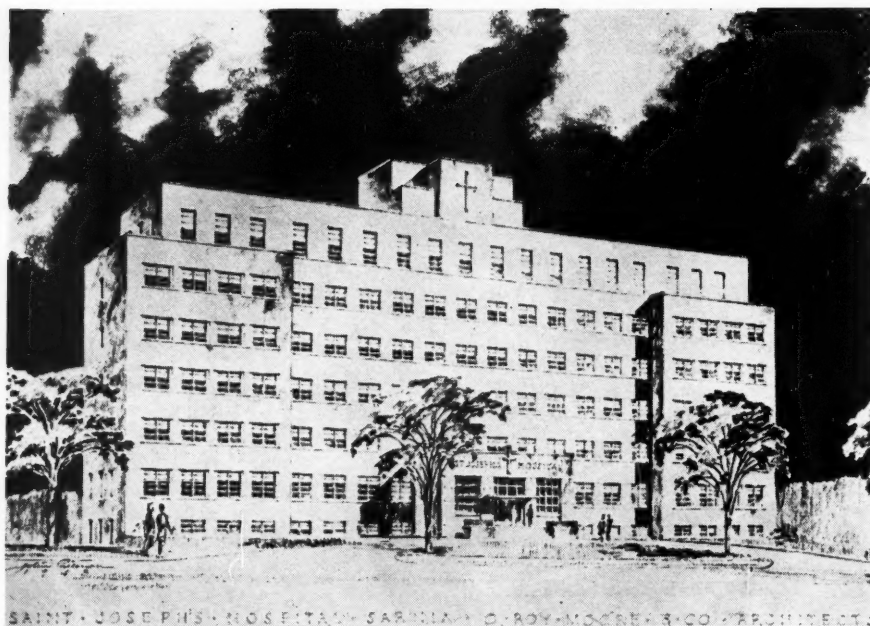
6. Before using, let plaster warm up to room temperature (72° F.). Follow these rules and you help your hospital... your country.

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Proposed St. Joseph's Hospital at Sarnia to be erected by Sisters of St. Joseph, London. O. Roy Moore and Co., architects. Pigott Construction Co., contractors.

National Health Survey

(Continued from page 46)

ing of physicians, engineers and nurses, should be accelerated.

Industrial Medicine

There were 1,155,307 employees over 14 years of age in manufacturing industry in Canada as of December 1st, 1942. There are 6,500 factories in Canada with 15 or more employees. One hundred and twelve physicians are devoting full time to the service and 229 are devoting part time, with many others serving on a fee basis. Twenty-nine factories employing from 1,000 to 3,000 employees were found to be without physicians.

Recommendations

1. That a decision should be reached as to whether employees of industries now without health supervision should receive supervision as provided for in Dominion Order-in-Council No. 1550.

2. That the Canadian Medical Procurement and Assignment Board be authorized to provide physicians and nurses as required to industry.

3. That great care be exercised in removing or replacing physicians engaged in industry, bearing in mind

the great importance that health plays in industrial output.

4. That full-time and part-time physicians working in industries be provided with the necessary nurse assistance.

5. That provision be made for medical direction in factories where nurses are working alone.

6. That the part-time services of physicians at the rate of one hour per week per one hundred employees and full-time services at the rate of one physician per three thousand employees at the factory be accepted as the standard for determining medical supervision in industry.

War Medical Manpower

This section of the Report was compiled by a Committee representing the Navy, Army, Air and D.P.N.H., with two civilian physicians—Dr. A. E. Archer and Dr. G. F. Stephens. Military establishments from Halifax to Victoria were visited.

Recommendations

Some 35 recommendations were made by this Committee. All have been thoroughly studied by the Medical Services and by C.M.P.A.B.,

which Board at the time of the presentation of the Report (March 1st, 1944) was satisfied with the implementations made.

Nurses

The survey showed that Canada has 52,483 nurses. Of this number 8,306 had expressed their willingness to enlist and 24,909 were not available for military service. Of the total number registered 45.5 per cent are in Ontario; 14.9 per cent in Quebec; 10.2 per cent in the Maritime Provinces and 29.4 per cent in the Western Provinces, including the North-West Territories and the Yukon. Some 22,136 were employed as nurses and in addition 16,818 were available for full-time, part-time or emergency nursing. Over 27,000, that is about 52 per cent, stated that they were engaged in employment other than nursing. Of these 25,298 are housewives.

Recommendations

The following are supported by the Canadian Nurses Association:

1. That under present conditions all nurses working for remuneration be required to remain in nursing and in Canada, subject to certain modi-

(Continued on page 68)

LIFE WITH "JUNIOR" by *Elsie*, the Borden Cow

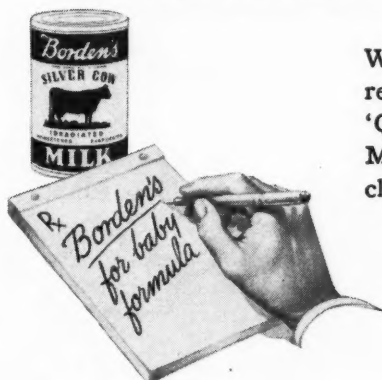


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Of particular interest to the medical profession is the system of "quality control" by which the excellence and quality of all Borden products is maintained. The rigid standard of laboratory controls is but one measure.

A Borden field staff of inspectors operates in an advisory capacity with all farmers who provide Borden's with milk. There is good reason for the statement — if it's Borden's it's *got* to be good!



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Here and There

By the Editor

Black Market Gas Coupons

THE black market in gas coupons may seem to have little to do with hospitals, but to the many members of the hospital staff limited to an "AA", to the doctors striving to keep within their none-too-adequate ration and to the relatives using their meagre supply to visit patients, any threat to the already reduced coupon value is of distinct interest. From all too many sources we are hearing of the ease with which gas can be obtained by illegal methods, in fact is urged on motorists who have no intention of breaking the law. We may not have reached the situation across the border where officials say 2,500,000 gallons are obtained daily by stolen or counterfeit coupons, but our record is bad enough.

Decent citizens will need to do their part to break down this practice. It may seem smart to get a little extra gas this way, but it is not helping to win the war, nor is it helping to maintain our respect for our laws in general. These press and radio appeals will help somewhat, but they mean nothing to the major offenders. If our courts were empowered and required to impose heavy crippling fines and a stiff jail sentence without option, the practice would soon drop. In the early days of the west it seemed impossible to check horse stealing, but the habit quickly dwindled to the vanishing point when they made horse stealing subject to capital punishment. We wouldn't need to go that far here; a term at hard labour would probably be adequate.

It might not be amiss, too, to put the onus of proof that proper precautions have been taken in the care of used coupons on those from whom they have been stolen. The frequency with which thefts of huge supplies of coupons are reported from gas stations and companies

makes one wonder how carefully they have been protected.

Legislators and the courts can only crack down on those participating in this practice if public sentiment becomes sufficiently aroused to support such action.

* * *

Handle with Care!

A veteran of Dunkirk hospitalized in England insisted on telling a "joke" personally to Miss Florence Horsbrugh, Parliamentary Secretary to the Ministry of Health. The soldier told her of his series of mishaps.

Badly wounded in the leg in France, first-aid men had strapped his rifle to his leg and then transported him with great difficulty by stretcher, car and ambulance and other means (with various misadventures en route) to the beach at Dunkirk. There with some difficulty he was carried out, shoulder high, to a boat and then transferred to a larger boat which was soon torpedoed. Again he was transferred to another boat, which was also sunk. Finally the poor soldier, rifle-splint and all, was carried ashore, transferred to a waiting vehicle, put on a train, transferred again, then put on an ambulance and finally delivered to the hospital where he now was.

"But," said Miss Horsbrugh, "I don't see anything funny to all this."

The soldier grinned.

"The joke was that every time I was moved on the way home I kept warning people that the rifle was loaded, and not until I got right up here did anybody have time to investigate!"

* * *

Will the Gentle Art of Body-Snatching be Revived?

Elsewhere in this issue we publish

an interesting story of body-snatching in the 18th and 19th centuries. With the passage of Anatomy Acts in different countries, whereby unclaimed bodies, under carefully-controlled circumstances, may be utilized for the study of anatomical detail, this controversial practice died out. Now teachers of anatomy and others who are interested in ensuring that surgeons have a thorough knowledge of human anatomy are concerned lest the proposals in the Beveridge Report and the Marsh Report to provide funeral benefits would decrease materially the number of bodies available for anatomical studies—and this at a time when there would be an increased demand for medical practitioners.

It has been the experience elsewhere that, where burial funds are available, even though of a limited amount, relatives turn up to claim bodies of individuals not known to have any relatives in life. Or perhaps it is the other way round—where there is no close connection or interest relatives have frequently preferred to let the state bear the expense of burial.

If cash burial benefits are provided and the anticipated shortage develops, is there a possibility that the old practice of body-snatching may be revived? This is just another detail that must not be overlooked in working out social security legislation.

* * *

What a Day!

On one day in February in the Hamot Hospital in Erie, Pa., three sets of twins were born. They were well sorted, too—two boys, a boy and a girl and finally two girls. Moreover they all arrived on a decent day-times schedule, although the advance scouts, coming at 6.38 a.m., did arrive before breakfast.

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You achieve the comfort of being aware that you look right, feel right, and you are right, when you wear our uniforms.

Haven't much room to tell you about another one of our old Clocks, but we will be brief.

This one is called a Pre-Empire Clock, made by Bevin of Paris in 1760 in vogue before Napoleon's era.

It is a French Bracket Clock, and is about 10½ inches tall; the case is of ebony, and the clock runs for thirty days without winding. It strikes on the hour, and to wind the Clock, you lift the front slide as there is no front door.

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Control Board Rulings

Canned Grapefruit Juice

Canned grapefruit juice is now becoming available in Canada, and the Wartime Prices and Trade Board has been in touch with the Canadian Hospital Council respecting its distribution. We understand that until supplies are still further increased the available stock will be distributed in large part to hospitals, and an endeavour will be made to make it available most freely in that period of the year when this additional increase to the vitamin content of diets would be most acceptable.

Hospitals will be eligible to receive their ratable share of this juice from their usual suppliers in proportion to their purchases from such suppliers during 1941-42. Some adjustments may be necessary in the case of those small hospitals which purchase retail rather than from the usual suppliers. As the quantity available corresponds closely to that of 1941-42 and as it is being distributed over a shorter period, it is hoped that this supply will meet the needs of most hospitals, although it is recognized that the present requirements of some hospitals undergoing rapid expansion may be in excess of their ratable share. However, in such instances we are informed that the supply of tomato juice is adequate.

We have been requested by the Board to keep them posted as to how well the fruit juices made available meet the needs of hospitals and how well the distribution arrangements are working out. We will be grateful if hospitals will keep us informed, either through their provincial association officers or directly, so that we can pass this information on to the Wartime Prices and Trade Board officials.

* * *

Quinidine

As some of our hospitals are reporting difficulty in obtaining quinidine, this matter has been taken up by the Canadian Hospital Council with the Controller of Chemicals. It has been pointed out that this drug

is very much in demand for certain severe heart conditions for which quinidine has been found to be a specific.

We are informed by the Controller that quinidine is at present in short supply, not only in Canada but also in the United Kingdom and the U.S.A. Efforts are being made to maintain a stock in Canada for the treatment of auricular flutter and auricular fibrillation, the two cardiac conditions for which its use is authorized. The Department does not think that hospitals should have any particular difficulty in obtaining reasonable amounts. Quinidine is subject to the same order as is quinine (C.C. 15-A).

* * *

Surgical Sutures

The Canadian Hospital Council has requested a tariff change on surgical sutures. Item 476B permits the free entry of surgical catgut. However, surgical catgut is only one of a number of sutures widely used in surgery, increasing use being now made of sutures made of nylon and other plastics. Silk sutures, long used in surgery, have come under Item 588-C(i) if twisted and under Item 565 if braided. It has been requested that all sutures used in surgery come under Item 476B and thus



Lt.-Col. D. H. MacRae, newly appointed Matron-in-Chief of the Canadian Army Nursing Service. Lt.-Col. MacRae replaces Lt.-Col. Elizabeth Smellie, recently retired.

be permitted free entry. No firm in Canada manufactures surgical sutures.

Correspondence with the Department is now under way. An all-inclusive ruling may depend to a large extent upon whether certain suture materials may be made in Canada with the cessation of war production.

* * *

Construction

Order No. 22 of the Controller of Construction, dated February 22nd, 1944, fixes the total cost limits under which construction can be undertaken without a special license. This is a revision of Order No. 13, and provides that for *buildings other than plants* (which classification includes hospitals) the amount of work which may be done without a permit shall not exceed \$1,500.00.

* * *

Plumbing Equipment

Use of copper and brass for the manufacture of 17 types of plumbing equipment for hospitals has been authorized by E. J. Laidlaw, administrator of heating, plumbing and ventilating equipment and supplies, Wartime Prices and Trade Board.

The order (A-1171) does not allow a general relaxation, Mr. Laidlaw pointed out, since the permitted articles are of a specialized type used only in hospitals, and no manufacturer of plumbing equipment may sell or deliver any of the articles unless the purchaser certifies that the item is to be installed in a hospital.

Grenfell Mission Needs Doctor

There is need for a doctor at the Grenfell Mission at Harrington, Quebec. The Mission operates a 16-bed hospital at this point, and serves an area extending from 700 miles along the north shore of the lower St. Lawrence. The post offers an excellent opportunity for valuable experience and the work is most interesting. The salary, while not large, is really a net salary, for full family and office maintenance is provided, as well as *locum tenens* for relief when necessary. Anyone interested should apply to Miss L. G. Graham, Grenfell Labrador Medical Mission, 48 Sparks Street, Ottawa.



Noise

“The Foci of Infection”

Hospitals are located, whenever possible, in spots that are quiet and restful. But within many of them are “Foci of Infection” which counteract the original planning.

In the practice of medicine the first principle is to eliminate “Foci of Infection”. Its counterpart in the operation of hospitals is the elimination of noise—the clatter of dishes—the echoing of long corridors—the rush and bustle necessary to cope with today’s demands upon hospital service. The treatment, is Acousti-Celotex.

Acousti-Celotex is a sound conditioning material that has transformed many hospitals—increasing efficiency of operation and bringing a new appreciation of restful quiet by patients.

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The Removal of Stains

The following comments were prepared by C. H. Bayley, National Research Laboratories, Ottawa, and have been published by the Canadian Research Institute of Launderers and Cleaners.

FROM time to time we have inquiries regarding the best way of using enzyme digesters in the removal of certain types of stains—e.g., blood, albumen, starch, etc. It should be stated at the start that the active ingredients of these digesters are substances known as “enzymes” which are materials derived from animal or vegetable sources and which have the power of promoting certain chemical re-actions such as the breaking down and rendering soluble in water of protein (blood, albumen) stains, thus permitting them to be removed by wet spotting or wet cleaning. Incidentally, enzymes play an important role in our bodily functions, controlling the digestion of starch, sugar, fats and protein, as well as such other important functions as the clotting of blood. Enzymes are highly specific in their action—i.e., one which will dissolve a protein stain such as albumen will not operate on a starch-type stain. For this reason the enzyme preparations made up for spot removal by cleaners usually consist of a mixture of enzymes and are thus designated to operate on any of the commonly-occurring protein or starch-type stains usually encountered on soiled clothing. Such mixed-enzyme preparations have much to recommend them since, provided they are kept under proper conditions and used correctly, they possess a wide range of effectiveness. The following conditions are important in using enzyme digesters to the best advantage: conditions of storage; quantity used; moisture; temperature; time; and pH.

Enzyme preparations should be stored in a cool place when not in use; storage in a refrigerator is ideal but where this is not convenient, care should be taken to store in as cool a place as possible—even if this necessitates the spotter walking some distance to get the can of digester when-

ever he has to use it! Too often digester preparations are stored on shelves near radiators or exposed to direct sunlight. This will invariably produce the rapid deactivation of the preparation and careless storage of this type is responsible for many of the claims that a given preparation “doesn’t work”.

Regarding the quantity of enzyme preparation to be used, this will of course depend on the extent of the stain to be removed and, to a certain degree, on the type of digester being used. However, it can be stated that in general the amount to be applied should not be large. A light dusting of the digester over the spot, which has been previously moistened with water at approximately 110°F, and well worked in, will in time be effective. The most desirable temperature range is 95°F to 110°F; at temperatures above 125°F most enzyme preparations become inactive. The treated stain must not be allowed to dry out since this will largely inhibit the action of the enzyme. Sufficient time should be given the enzyme to do its work. This may vary from half an hour to an hour and here again much of the dissatisfaction with enzyme preparations is the result of overlooking the fact that an enzyme is not instantaneous in its action.

The effect of pH on enzyme activity is most important. Alkaline conditions (even the mild alkalinity of “neutral” soap) usually destroys the activity of enzymes, and hence every care should be taken to ensure that the area to be treated is free from any trace of alkali, such as residues of soap from wet cleaning. It is also a good general rule to make sure that the area to be treated is free from residues of any spotting chemicals before applying the enzyme treatment.

In cases where it is necessary to subject an entire garment to enzyme treatment, this can be done by making up a treating bath containing about an ounce of digester in two to four gallons of water at 110°F. Here again it is most important to ensure that the garment is thoroughly

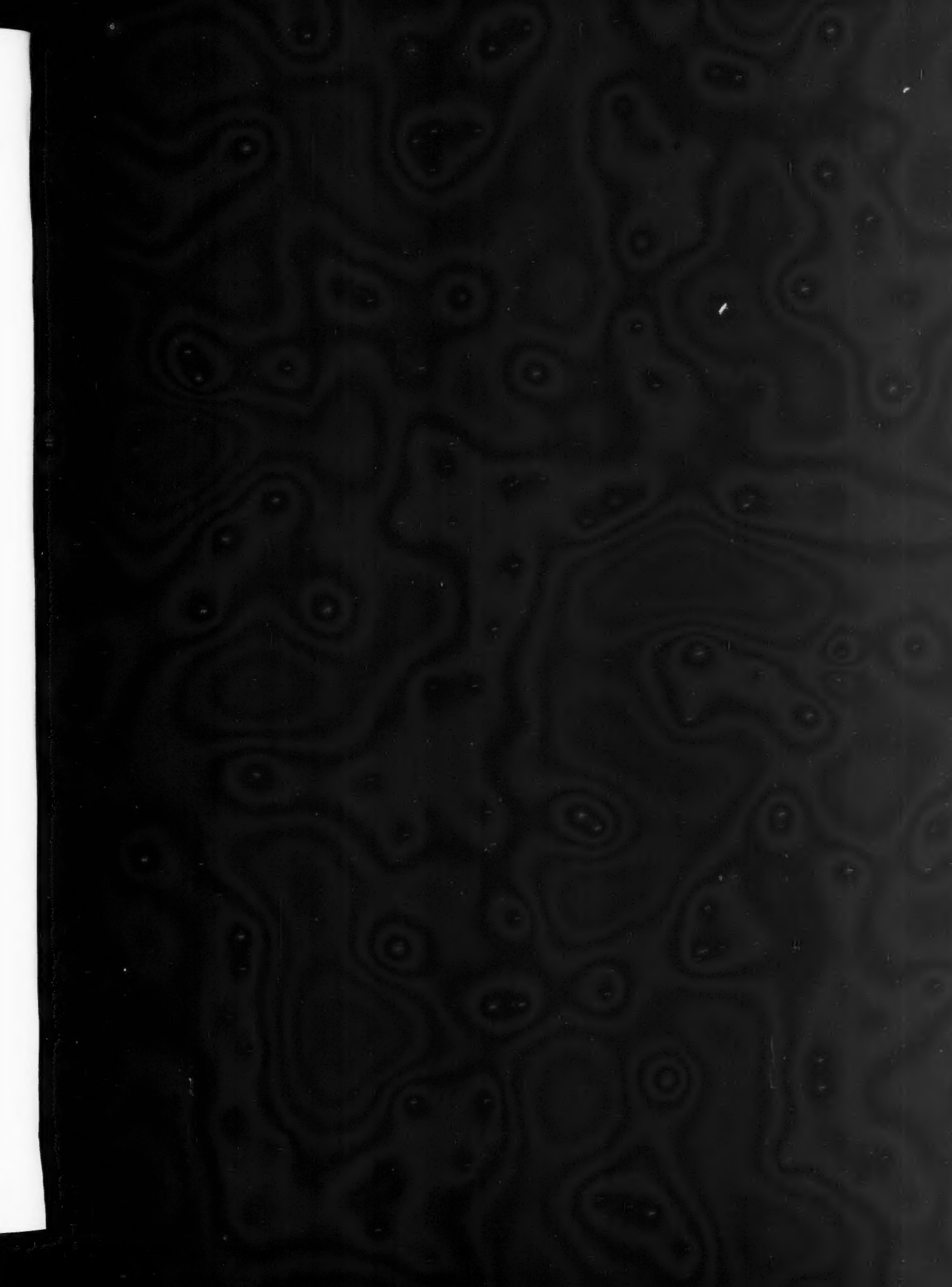
rinsed, if it has been wet cleaned in soap, before immersing in the treating solution. Neutral wetting agents of the sulphated or sulphonated type may be used in the treating bath to assist the penetration of the enzyme into the fabrics; approximately one-tenth of an ounce of wetting agent per gallon is usually adequate. Needless to say, the vessel in which the treatment is carried out should be thoroughly washed out prior to use.

Some cleaners make use of a stock solution or suspension of enzyme preparation made up by adding a teaspoonful of the preparation to a pint of warm water containing a couple of pinches of synthetic wetting agent dissolved in it. It is preferable to make up a fresh stock of such a solution every day, since under the temperature conditions of most cleaning plants such a stock solution will begin to decompose after about 24 hours.

The uses of digestive agents are numerous and we feel that the cleaner could make use of them to greater advantage than he does in the removal of such stains as those caused by perspiration, water on starched or sized fabrics such as curtains and upholstery, etc. In writing this brief article it has been our desire to review the more important properties of these useful preparations, but we would emphasize that in using any particular product attention should be given to the manufacturer's directions which accompany it. It has been our aim to supplement such directions rather than to suggest alternative ones.

Dietitians to Hold Meeting

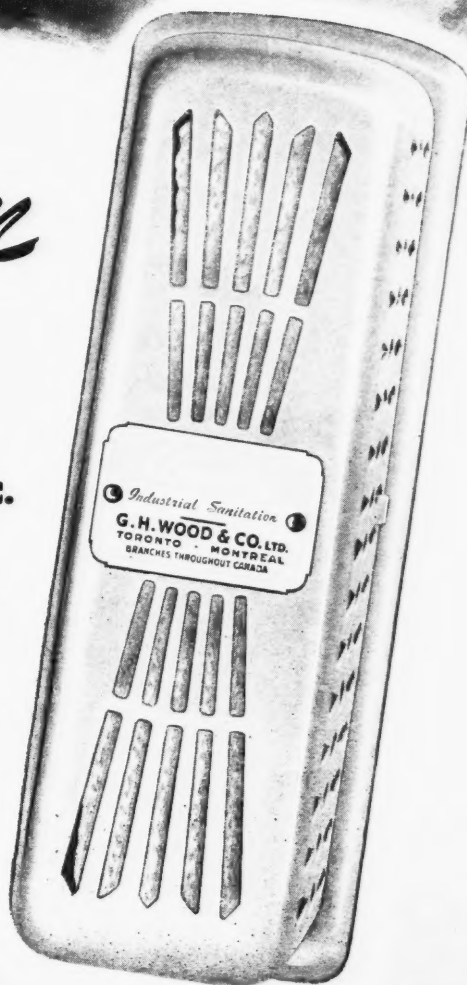
The Canadian Dietetic Association Annual Meeting will be held at the Vancouver Hotel, Vancouver, B.C., the weekend of May 27th, 1944. Due to prevailing conditions it will be restricted to a “Wartime” meeting, with a planned programme for Saturday 27th and Sunday 28th. Speakers are coming from the University of Washington, Seattle and University of British Columbia. The American Dietetic Association will be represented by Miss Mary Northrop of Seattle. Miss Northrop will speak at a luncheon meeting.



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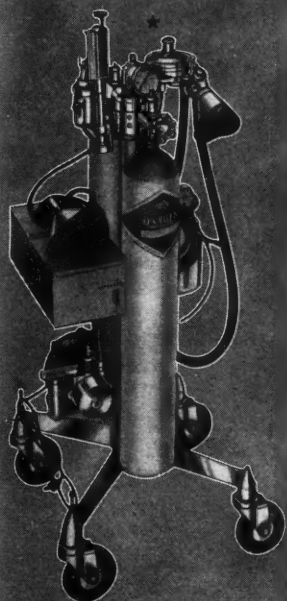
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The "Accepted" seal denotes that Heidbrink Resuscitators, Models 51A and 20A, have been accepted by The Council on Physical Therapy of The American Medical Association.



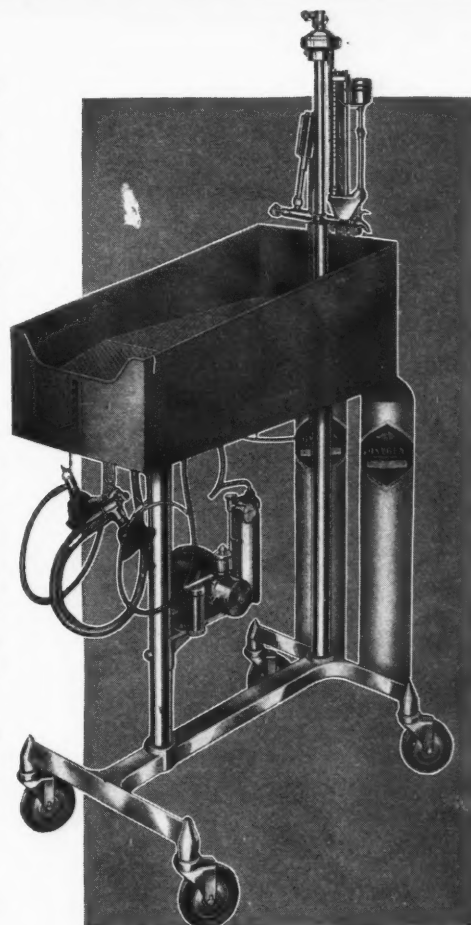
The safety and simplicity of the equipment used for resuscitation and inhalation are highly important factors in securing the proper results. The prime immediate need is to get oxygen into the lungs and to remove inert nitrogen. Sufficient pulmonary ventilation must be secured to prevent the accumulation of carbon dioxid.

No one type of apparatus can be used effectively for both adult and neonatorum asphyxia. Therefore, Heidbrink Resuscitators are of two types—one for use on new-born and very small infants; the other for older children and adults. Both types are simple, safe and readily understandable.

Write for literature that gives complete information on Heidbrink Resuscitator Models 51A and 20A.

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ADULT RESUSCITATOR

BASSINET MODEL NO. 20A →
FOR INFANTS



1. The positive pressure is readily adjustable by the operator. Pressures range from 5 to 25 mm. Hg.

2. Pressures are manually controlled and may be maintained until the rising chest wall gives positive indication that the oxygen has reached the lungs. The frequency and duration of inflations can be varied to meet changing conditions.

3. Simple, trouble-free operation. A single instant adjustment "sets" the apparatus to deliver any predetermined pressure. Simple thumb pressure on a lever at the inhaler admits the oxygen to the respiratory system.

4. Oxygen Inhalation. Oxygen for breathing purposes in concentrations up to 100% instantly available.

5. Aspirator is electrically operated and built into apparatus.

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Three Educational Institutes for Administrators and Others

A.C.H.A. to Conduct Institute for Administrators

The annual Chicago Institute for Hospital Administrators will be conducted this year for the first time under the administration of the Central Committee on Institutes and the sponsorship of the American College of Hospital Administrators. Dr. Malcolm T. MacEachern will serve as director of the course, which will be held in Chicago from September 18 to 29. The programme designed especially for administrators and assistant administrators of limited hospital experience will be of particular interest to Nominees and Members in the College who have not heretofore attended an education programme in hospital administration.

The Chicago Institute numbers among its former registrants many Fellows and Members in the College. Enrolment will be limited. Members and Nominees by this preliminary announcement are given the earliest opportunity to register. Applications for registration are now being received at College headquarters.

* * *

A.H.A. to Hold Institute on Personnel Management

An institute on hospital personnel management will be held at Yale University, New Haven, Conn. from June 26 to June 30, 1944. The institute will be conducted by the Committee on Personnel Relations of the A.H.A. Council on Administrative Practice, in cooperation with Yale University, the New England Hospital Assembly and the Connecticut Hospital Association. Mr. James A. Hamilton, director of the New Haven Hospital and past-president of the American Hospital Association, will be the director.

The institute will consist of lectures and seminars each morning and afternoon on various aspects of personnel relationships, followed by round table or panel discussions in the evening, to be held at Sterling Divinity School of Yale University. The faculty will be composed of leaders from University faculties,

industry, government and hospital fields.

The fee will be \$50.00, covering tuition, room and meals. Applications, with accompanying fee, should be sent to Miss Dorothy A. Hehmann, Secretary, First Institute on Hospital Personnel Management, New Haven Hospital, New Haven, Conn.

* * *

Institute on Accounting to be Held in June

The American Hospital Association Institute on Accounting will be held at Indiana University, Bloomington, Indiana, from June 26 to 30. Mr. Stanley A. Pressler will be the director.

Do You Need a Technician?

We are informed by Ottawa that applications are constantly being received from laboratory technicians and other technical workers wishing to leave Canada to take employment in the United States. The authorities do not desire to give a Labour Exit Permit if these applicants are needed in Canada. Invariably they state that they have endeavoured to obtain employment in Canada and have not been able to do so. We have a general impression that many hospitals in Canada do need technicians, dietitians and other workers in special fields. Unless these postings are known to the authorities at Ottawa they are not in a position to withhold the permit on the ground that the applicants are needed in Canada.

Any administrator needing workers in the various technical fields should so state without delay to:

Mr. A. Wood,
Employment Service Division,
Unemployment Insurance Commission,
Ottawa, Ont.

A programme will consist of lectures, forums and round table discussions. There will be a \$15.00 registration fee, and room and board will be \$25.00. Further information may be obtained from Mr. Pressler at Indiana University, Bloomington.

\$1,100,000 Endowment Made for Study of Physical Medicine

Bernard M. Baruch has given the sum of \$1,100,000 for the teaching of and research in physical medicine. An administrative Board under the chairmanship of Dr. Ray Lyman Wilbur, Chancellor of Stanford University, has been established to inaugurate the programme. Columbia University College of Physicians and Surgeons receives \$400,000 to establish a key centre of research and teaching of physical medicine. New York University College of Medicine receives \$250,000 for teaching and to do special research in preventive and manipulative structural mechanics of physical medicine.

The Medical College of Virginia receives a similar amount to do research on Hydrology, Climatology and Spa therapy. To selected medical schools will be given \$100,000 for the physical rehabilitation of war casualties and those injured in industry. Another \$100,000 is to establish fellowships or residencies for physicians and scientists selected for special training.

By physical medicine is meant the treatment of disease by external physical agents, including light, water, heat, electricity and other mechanical agents including exercise and massage. The inclusion of Hydrology, Climatology and Spa therapy should do much to place these subjects on a sound scientific basis.

Mount Royal to Have Army Hospital

Montreal city officials announced that they had been informed by the Department of National Defence that the government is ready to build a 500-bed military hospital on the slopes of Mount Royal. The site originally chosen directly north of the Royal Victoria Hospital has been abandoned and a new site in the Cote de Neiges Road is being considered.

THE ABC OF FESOFOR THERAPY

A

Iron—and iron alone—is the one specific therapy for iron deficiency anemia.

B

Ferrous sulfate is a most effective and inexpensive form of iron.

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FESOFOR TABLETS are the most practical and convenient form of ferrous sulfate.

One Fesofor Tablet three or four times daily, after meals and on retiring, provides adequate iron medication in the vast majority of cases.

This dosage supplies 9 to 12 grains ferrous sulfate exsiccated, equivalent to approximately 15 to 20 grains ferrous sulfate U.S. P.

It will usually achieve the two essential objectives of iron therapy:—rapid hemoglobin regeneration and prompt reticulocyte response.

And Fesofor Tablets are so easily tolerated that this adequate dosage can be continued over a considerable period of time.

FESOFOR TABLETS



SMITH, KLINE & FRENCH LABORATORIES, PHILADELPHIA and MONTREAL

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Book Reviews

THE HOSPITAL IN MODERN SOCIETY—Edited by Arthur C. Bachmeyer, M.D. and Gerhard Hartman, Ph.D. Pp. 768. Price \$7.50 in Canada. Published by the Commonwealth Fund, New York, N.Y., 1943.

This omnibus work really provides a liberal education within itself. Actually it is a digest of some 145 articles by ninety-eight authors, most of them recognized authorities in various hospital fields. These selected articles, almost all of which have been adapted from recent hospital literature, relate to such topics as hospital organization and management, the trustee, the administrator, the medical staff, nursing education and service, various hospital departments, social service, medical records, hospital finances and accounting, legal aspects, construction, purchasing, personnel and public relations, group hospital and health insurance, public health and hospital service in general.

The editors are both well known to the hospital field. Dr. Bachmeyer has been President of both the American Hospital Association and the American College of Hospital Administrators; Dr. Hartman is a former Executive Secretary of the American College of Hospital Administrators. As a result both are in an unusual position to appreciate and evaluate the contributions of importance in the respective fields covered. Because of the judicious selection made, it is likely that this

work will prove valuable for many years, now as a handy reference to the leading hospital thought of to-day and, to the generations to come, as a dependable reflection of the hospital picture and trends of this era. It might well be in every hospital library.

* * *

WATERWORKS ENGINEERING IN DISASTER—Prepared by the Sanitary Engineering Section of the Medical Division, Office of Civilian Defence, Washington, D.C. Pp. 147, illust. March, 1944.

This is a technical manual for those who have the responsibility of repairing damage to water supplies after bombing raids or other disasters of that type. An adequate supply of safe water is so essential for the welfare of the community that a manual dealing with the specific problems arising from bombing has seemed necessary. This manual deals with basic considerations in the provision of the water supply. Pipe location and leak detection by the use of electrical indicators, repair of water mains, causes of contamination of water supply, disinfection of such contamination, preserving water supply for fire protection, the provision and handling of temporary water service, wartime laboratory control and the protection of waterworks plants. This well illustrated manual should prove very valuable to the sanitary engineer, waterworks officials, public health officers, civic officials in general, and to A.R.P. directors.

New Hospital Residence Gift of Colonel and Mrs. R. S. McLaughlin

At the annual meeting of the Oshawa General Hospital on March 23rd, it was announced that Colonel and Mrs. R. S. McLaughlin have generously offered to build a new nurses' residence. The building is to be a separate home and not an addition to the present nurses' residence. It will have forty-eight single bedrooms as well as recreational and common rooms for the nurses.

The building will be so designed and located as to permit convenient enlargement by the addition of other sections if further expansion of the hospital makes additional accommodation for the nursing staff necessary.

With the erection of the new building, it will be possible to enlarge the training school classes, announced Mr. T. K. Creighton, president of the hospital.

Approximately 93 per cent of absenteeism among 32 million industrial workers is due to non-occupational diseases.—John V. Lawrence.

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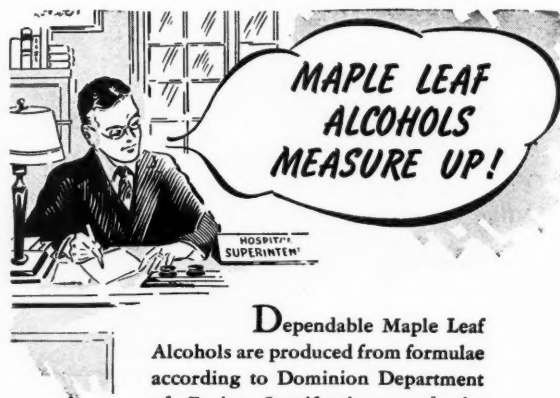
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increased capacity permits better de-
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*We will advise earliest delivery date by return, with prices
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Correspondence

Unclaimed Valuables

The Secretary,
Canadian Hospital Council,
Toronto, Ont.

Dear Sir:

Would you kindly give me your opinion as to the proper disposal of patients' valuables left in safekeeping with the hospital and later not claimed. It would be presumed that there would be no will and therefore no executors to take charge of these articles, mostly jewellery and small amounts of money.

Yours very truly,
"Vera B. Eidt",
Superintendent,
Lady Minto Hospital,
Cochrane, Ont.

Answer

It is presumed that where there are relatives and the next-of-kin are

known, patients' effects would be turned over to such individual. However, we have asked the Inspector of Hospitals for your province (Ontario) to give an opinion for those instances where there are no relatives. Mr. Telfer replies:

"The Public Trustee advises me that the personal property of any patient who dies in hospital and who has no relatives and who leaves no will should be turned over to the Public Trustee for administrative purposes. This does not mean clothing and trunks, etc. Such items might well be disposed of by the hospital, but this action would not apply to money, jewellery and other valuables.

"These should be turned over to the Public Trustee together with the claim of the hospital, if any, for the maintenance of the patient which remains unpaid at the time of his death."

Duties of the Director of Volunteer Services

Dear Doctor Agnew:

I was very much pleased to see the very nice statement in *The Canadian Hospital* for April relative to the Volunteer Institute at the New England Hospital Assembly. If you have calls for copies of our booklet on the duties of a director of volunteer services, we should be happy to supply copies.

Sincerely yours,
"Oliver G. Pratt",

President,
New England Hospital Assembly.

Queen Victoria Memorial Hospital Names New Superintendent

Miss Helen Wallace, former operating room supervisor of the Queen Victoria Memorial Hospital, North Bay, has been appointed superintendent of the hospital. Miss Wallace replaces Miss E. Fraser. Miss C. Giel, x-ray technician of the hospital, will also take over the duties of assistant superintendent.

SEALSKIN LIQUID PLASTIC SKIN ADHESIVE

Ref.: Archives of Surgery, Dec., 1943—Reprint on request.

SEALSKIN is a liquid plastic skin adhesive and coating with active ingredients polyvinyl butyral, castor oil and isopropyl alcohol. It is used for direct attachment of dressings to the skin and as a protective covering for the skin over non-infected wounds, cuts or abrasions or as a protective coating to prevent excoriation of the tissue in cases of draining fistulae, colostomies and the like.



SEALSKIN is supplied in two viscosities: SEALSKIN Regular for adhering small dressings to the skin and for use as a protective coating, and SEALSKIN Viscous for large dressings or where extra adhering strength is required.

FEATURES . . .

By direct attachment of the dressings to the skin the often cumbersome bandage is eliminated and only the limited area of the dressing is covered. This method of adhering dressings is especially useful where the pressure of a bandage will retard healing. It is easily applied and removal is accomplished without residual debris and pulling out hair. It offers the advantage of freedom from toxic and allergic effects. On a test with 53 patients, 24 of whom were known to be allergic to adhesive plaster, only 3 became sensitized to the SEALSKIN solution after the eighth day of repeated application. THE DRIED FILM OF SEALSKIN IS ELASTIC AND HAS AN UNUSUALLY HIGH TENSILE STRENGTH PERMITTING FREE MOVEMENT WITHOUT DISCOMFORT FROM PULLING. The solution is practically colorless and does not stain. Since it is impermeable to water, oils, soap, weak acids and alkalis, urine, body fluids such as intestinal contents, and many common solvents, it affords an ideal protective covering. Since the solvent is isopropyl alcohol rather than ether which is normally used in the collodion solutions, evaporation of the solvent from the solution in the jar is slow.

SUGGESTED USES . . .

To adhere dressings to the scalp, neck, eye, ear, chest, perineum, rectum, axilla, and other areas usually difficult to dress.

For securing post-operative dressings, stockinette, felt pads and other materials to the skin.

Affords a convenient antiseptic covering after hypodermic injections and transfusion.

Provides a protective skin coating in draining fistulae and colostomies, in which cases aluminum powder can be incorporated in the liquid.

As a first aid dressing in industrial plants, it provides a flexible coating allowing free movement. Coating is impermeable to water, oils, soap, weak acids and alkalis and many solvents.

For adhering bandages in skin traction of fracture cases.

For cosmetic effect after suture removal, apply droplets to areas after sutures are removed . . . draws the skin out.

As a seal for museum jars.

It has been combined with medication for treatment of various skin conditions. For example, it has been used with success incorporating a mild alkali for the TREATMENT OF CHIGGER BITES.

It is useful for post-operative wound dressings where edges have to be approximated or where it is desired to remove the tension from sutured wounds.

As a preliminary coating on skin before applying adhesive bandage, it prevents slipping, reduces allergic reaction, and eases removal of the adhesive bandage.

Skin areas coated with SEALSKIN provide a secure hand purchase for reduction of fractures.

As a dressing for umbilical hernias in infants.

J-500 SEALSKIN Price in U.S.A. per 4 oz. jar \$1.25
J-510 SEALSKIN Viscous Price in U.S.A. per 4 oz. jar \$1.50

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A BRAVE, teeming city with a wartime record any city twice its size might well be proud of . . . with its memories for hundreds of thousands of service men and women, of troop ships and convoys, the Northwest Arm, Dartmouth, busy Barrington Street, its fine hospitals, Gallows Knoll*.

We have enjoyed a long and pleasant association with the medical men and executive personnel of the hospitals and sanatoria in Halifax and the Maritimes. We hope in the days of peace to come to be of increased service to our friends on the eastern seaboard.

**An article by Claire Harris MacIntosh, wife of Dr. G. A. MacIntosh of the Victoria General Hospital — Canadian Hospital, Sept., 1940.*



The trademark of an old established organization that is equipped to give hospital buyers, physicians and surgeons the best possible service under wartime conditions.

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Suggestions for Relieving Pressure on Nursing Staff

At a meeting of the Toronto Hospital Council held recently, the following suggestions were passed on to the member hospitals for their consideration. These, if adopted, should relieve the pressure upon the nursing staffs.

Baths: (applying to convalescent patients only)

1. Baths will be eliminated on Sundays.
2. Three baths will be given weekly.
3. Patients will be encouraged to bathe themselves and perform own morning care.
4. Massage of the back will be given to bed patients only.

Flowers:

1. Flowers will not be removed from rooms in evening.
2. Water on flowers will be changed periodically rather than daily.
3. Flowers are to be delivered earlier in the afternoon. This ar-

rangement has been completed with the Florists' Association.

Visiting:

Visitors might be asked to adhere to stated visiting hours—public, semi-private and private.

Notice to Doctors
(staff and visiting):

1. **Temperatures**—In an effort to eliminate unnecessary taking of temperatures, doctors be requested to give individual, rather than routine, orders, e.g., time: daily, b.i.d., or q.4 h.
2. **Treatments**—That doctors be requested to estimate carefully and order only essential number of treatments, e.g. hand baths, throat irrigations, linseed poultices, dressings.
3. **Obstetrical Department**—That supplemental feedings be reduced to a minimum. That room accommodation be rationed.

That the number of days' stay

in hospital be limited to required, rather than desired number.

4. **Private Duty Nursing**—That the co-operation of doctors be requested to inform patients that private duty nurses should be released as soon as possible.
5. **Rounds**—That doctors may be requested to make rounds to male patients unaccompanied, if necessary.
6. **Records**—That only the records necessary to maintain the standard of (a) the hospital, (b) patient treatment, be required.

Rural Municipalities Purchase Canora Hospital

Five rural municipalities and the town of Canora, Saskatchewan, have agreed to purchase the Hugh Waddell Memorial Hospital from the W.M.S. of the Presbyterian Church. The five rural municipalities concerned are Invermay, Buchanan, Keyes, Good Lake, and Clayton.

A Union Hospital District has been formed and a provisional board set up with Mr. G. M. Ferrie of Invermay municipality as chairman.

THIS RAPID TUMBLER DRYER *Is Needed in Every Hospital Laundry*

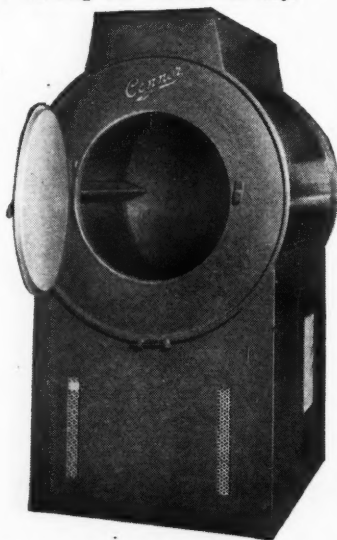
Rapid Loading—Rapid Drying—It Speeds up the laundry work—No waiting for clothes to dry.

No. 2 Rapid Tumbler Dryer — capacity 26 pounds of dry clothes in 30 to 45 minutes. Cylinder 36" diameter, 24" deep. Supplied with steam, electric or gas heater.

No. 3 Rapid Tumbler Dryer — capacity 32 pounds. Cylinder 36" x 30". Equipped with gas or steam heater only.

No. 3 costs only \$438.00
No. 2 costs only \$400.00
(less sales tax to hospitals on Govt. list).

Write for catalogue and price list of Complete Laundry Equipment.



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The perfect finish and even impregnation of the "Cellona" Plaster of Paris Bandage ensure a light cast of great strength.

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TRADE MARK

PLASTER OF PARIS BANDAGES

SMITH & NEPHEW LTD., 378, St. Paul Street West, Montreal.

Made in England by T. J. Smith & Nephew Ltd., Hull

Purchasing

(Continued from page 39)

that is, the possible loss due to inadequate inspection and testing from the acceptance of commodities below specified quality, may be greatly in excess of the saving in taking discounts for prompt payment before the material has been checked.

Sources of Supply

In the selection of sources of supply the following important factors should always be kept in mind:

1. Experience and memory;
2. Records, purchase records, catalogues, files, etc.
3. Suggestions from associates or department sending in the requisition;
4. Vendor or commodity directories;
5. Salesmen's interviews;
6. Direct mail advertising;
7. Advertising for bids;
8. Associations, trade associations, etc.

The principle of *competitive bidding* must be kept alive. Quotations made by the seller to the buyer are for him alone and should be regard-

ed as confidential. To disclose these prices to a competitor may seem to serve a temporary advantage, but eventually such a practice will hurt the purchaser and his organization. In the matter of price the lowest quotation is not always the cheapest. The quality of the material offered may not meet the specification, its properties may make it impossible to process it economically, or delivery dates may not be satisfactory. These and other reasons may make it advisable to reject the lowest bid.

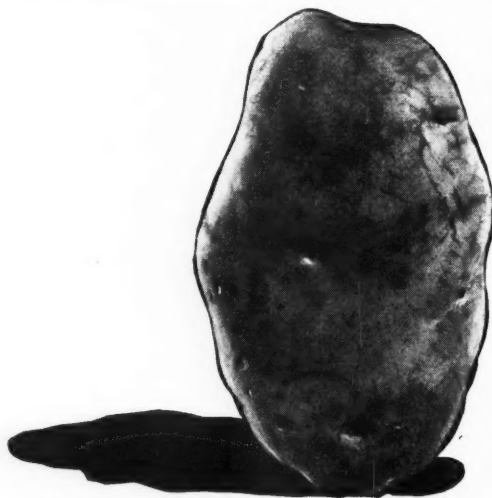
Complete and accurate *records* should be kept of all products bought. These records should include the date, the vendor, the price paid, together with service rendered and degree of conformity to specifications. These records should be revised constantly and kept up-to-date. It is not enough to keep a list of vendors from whom purchases are regularly made. They may be the ones who have been best able to supply requirements in the past and are in the best position to do so at present. Changes, however, are con-

tinually taking place and new sources of supply are coming into the market, better equipped, perhaps, than the old ones.

Good judgment in purchasing requires combined knowledge of sound finance and sound economics. Financial problems are definitely related to phases of the business cycle. To purchase intelligently the purchasing agent should be conversant with the financial resources of his organization, and should realize that bills for the commodities ordered will have to be met. It is a known quantity of power on the side of the purchasing agent when the seller positively knows that the agreed date of payment will be strictly adhered to.

The terms offered by a vendor may, at times, vitally affect the purchasing policy. In many cases insufficient importance is attached to cash discounts. The greatest financial benefit comes from the minimum investment in products in stock and in the consequent reduction of necessary working capital. At times larger stocks are justified

(Concluded on page 72)



SCIENTIFIC INSTRUMENTS...

No.1 Solanum Tuberosum

Yes, not too long ago, a potato was used as a sterilization indicator. If the potato was thoroughly baked during the autoclave operation, sterilization was said to have been accomplished.

Ridiculous? No! Even today many otherwise modern hospitals are using indicators

reacting only to heat—as scientifically inadequate as the baked tuber. If the indicators you are now using will react to 250° F. within 3 to 4 minutes, they are only slightly better than yesterday's potatoes.

ATI Steam-Clox will NOT react properly unless ALL conditions necessary for sterilization are present—STEAM and TIME as well as HEAT.

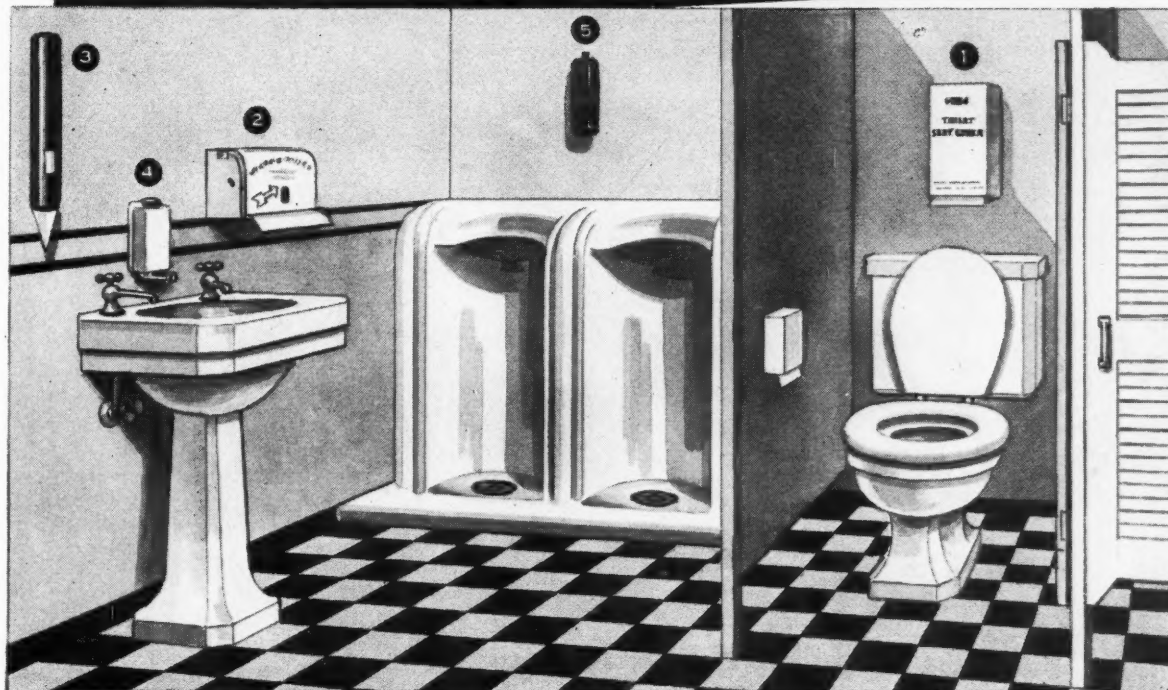
Every pack or drum should contain an ATI STEAM-CLOX

ATI STEAM-CLOX

The J. F. HARTZ CO. Limited
CANADIAN AGENTS - TORONTO, MONTREAL

SANITATION IS *VITAL!*

Equip your washrooms with
Hypro Standard Washroom Equipment



GOOD HEALTH is the most *cherished* asset of any man or woman . . . employee or customer . . . nothing is more vital, more important. Every means to prevent the spread of vermin, skin and other infectious diseases is the duty of all who are responsible for the sanitary condition of public washrooms and who are in this manner charged with the welfare of those who use such washrooms.

In the above illustration are shown many Hypro Products that help you achieve this objective.

1. Hypro Interfold Tissue Toilet Seat Covers . . . Individual sterile tissues giving complete protection, instantly self-removing and self-disposing.

2. Hypro Kraft Towels . . . reduce infection, increase Cleanliness . . . and have greater "Wet Strength".

3. Hypro Cups . . . the best insurance at the lowest cost, only one person can use them because of their conical shape.

4. Hygiene Standard Liquid Soap . . . saves money, saves time.

5. Purair . . . Cleanses the air in a new effective and convenient fashion. Write or ask your nearest Hygiene Products branch for samples — Today.

Hygiene

Montreal



Products

LIMITED

Toronto

Halifax Saint John Quebec Ottawa Kingston Hamilton Windsor Fort William Winnipeg Calgary Edmonton Vancouver

National Health Survey

(Continued from page 48)

fications already agreed upon through National Selective Service.

2. That effective use be made of the national registration by keeping this up-to-date. All new graduates and others not included in the initial registration should be required to register. Nurses who have already registered should be required to report change of address and status.

3. That better distribution of available nursing resources be effected. Professional registries have been established and supported almost entirely through the efforts of nurses themselves. In several provinces efforts have been made to reorganize these registries as nursing service bureaux. Nursing bureaux provide an essential public service which justifies government aid.

4. That in order to effect a better distribution of nurses a committee of the Canadian Nurses Association be set up to function in connection with the procurement and assignment of nurses to meet the needs of the Armed Forces and civilian re-

quirements for nursing service. Furthermore, that all matters concerning nurses and nursing which are brought to the attention of the Canadian Medical Procurement and Assignment Board be referred to the committee representing the Canadian Nurses Association.

5. That steps be taken to ensure all nurses receiving salaries that are commensurate with their responsibilities and that compare favourably with wartime salary scales.

6. That as much use as possible be made of nurses available for part-time duty. It will be noted that 84 per cent of the nurses who have left the profession since December 31,

1939, have done so to be married. Many of these and other married nurses are returning to the profession, and give valuable service. Adjustments on part-time basis are frequently necessary.

7. That ward aides and V.A.D.'s be employed in greater numbers in hospitals and communities to undertake appropriate non-nursing duties.

8. That to overcome the present shortage every effort be made to encourage desirable young women to enter the nursing profession. Satisfactory conditions in schools of nursing are essential. These include adequate facilities for learning and

(Concluded on page 70)

Price Trends (On basis 1926 = 100)

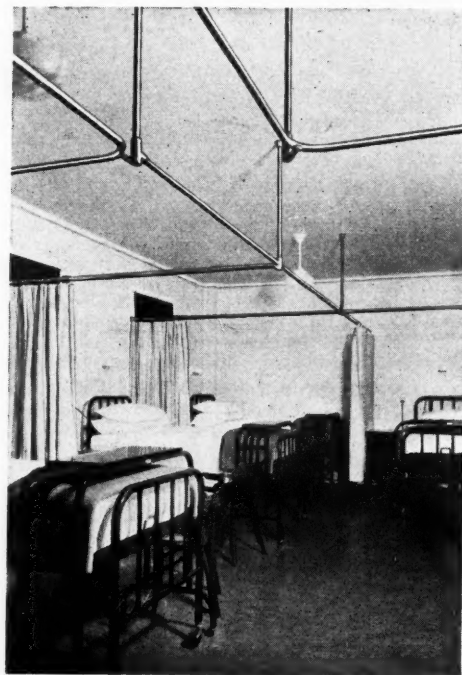
	Yearly Average 1943	March 1943	Feb. 1944	March 1944
Building and Construction				
Material	121.2	119.3	126.8	127.3
Consumers' Goods				
(Wholesale)	97.0	96.5	97.7	98.0
(On basis 1935-1939=100)				
Cost of Living	118.4	117.2	118.9	119.0

STAN-STEEL HOSPITAL EQUIPMENT

Strong, Light in weight, and **Silent** to handle, Stan-Steel Equipment is ideal for Medical Institutions.

The best grade of steel is used in manufacturing Stan-Steel Equipment to ensure its **strength**. It is **light** because joints are **welded**, eliminating extra fittings. The welded joints, plus smooth-running, rubber-tired casters, make for **silence** when Stan-Steel beds and other equipment are to be moved.

METAL FABRICATORS LIMITED
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THE GHOSTS OF WARD 5

Out for no good! Shadows of destruction planning to take that hospital floor . . . to spread germ-laden dust . . . to stain and break-down floor surfaces. Avoid such dangers in the hospital where cleanliness, speed and sure-footing are primary essential. Use DURO GLOSS—the liquid, self-polishing wax that's

famous for floors of linoleum, mastic tile, asphalt tile, terrazzo and wood. DURO GLOSS stands up under heavy hospital traffic — check its FIVE FEATURES:

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| 1. Non-slippery | 2. Water Resistant |
| 3. Easily applied | 4. Long Wearing |
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OTTAWA • MONTREAL • TORONTO • SAINT JOHN • WINNIPEG • VANCOUVER

MAY, 1944

347

69

National Health Survey (Concluded from page 68)

recreation, appropriate hours of duty and accommodation.

9. That in areas where there is a shortage of nurses or an acute hospitalization problem, consideration be given by military and civilian authorities to the feasibility of pooling nursing resources.

10. That as part of post-war planning of nursing services, a continuation of government aid be maintained to assist in developing many special nursing activities that must play an important part in the rehabilitation programme.

Dental Services

As of February, 1943, there were 3,284 dentists in Canada, being a ratio of 1 to every 3,477 persons. As of the same date there were 1,019 dentists in the Canadian Dental Corps, a reduction in dental manpower available for civilian services of 21.4 per cent since 1939. For the safety of the public an ultimate reduction of 30 per cent is all that could be contemplated.

Recommendations

1. That a Procurement and Assignment Board for dentists and dental technical personnel be established.

2. That a National Health Board be set up for the purpose of formulating a national policy for Canadian health personnel and that membership on such Board be drawn from the various health agencies such as have co-operated in this Survey.

3. That for the duration of the war all dentists at present practising in Canada be fixed in their present locations and only allowed to change on the approval of the Provincial Dental Advisory Committee.

4. That as long as gasoline and rubber are available for essential services, special consideration be given to dentists.

5. That in the interests of civilian dental services cognizance be taken of the serious situation regarding dental supplies.

6. That dental technicians be classified as being employed in an essential war service.

7. That all enlistments of dentists

and dental technical personnel, whether voluntary or by call, be referred for recommendations to the respective Provincial Dental Advisory Committee, which Committee shall forward recommendation directly to the body concerned.

8. That dental personnel for civilian services be not reduced below 70 per cent of the pre-war level and in any province where this level has been reached no further dental enlistment be permitted.

Acting Superintendent for Galt Hospital

Miss C. E. Droppo has been appointed acting superintendent of the Galt Hospital. Miss Droppo succeeds Miss Mary Bliss who resigned on May 1st. Miss Droppo has been assistant superintendent for the past two years.

Province Grants \$125,000 to Ottawa Sanitorium

Ontario will contribute \$125,000 towards the erection of an addition to the Royal Ottawa Sanitorium. The addition will contain 100 beds and will cost \$350,000.

No Shadow — No Heat from WILMOT CASTLE OPERATING LIGHTS

The unique design of all Castle Operating Room lights assures the surgeon of adequate illumination at the bottom of the incision.

Surgeons need not fear bulb failure in a Castle Multiple unit light. If one bulb should fail during an operation, others remain for sufficient illumination. For further details write—

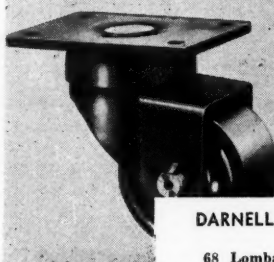
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DARNELL CASTERS & E-Z ROLL WHEELS

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Darnell Dependability assures savings, service, safety, speed. A caster or wheel for every use.

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LIMITED
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IN 60 DAYS

We collected for this hospital,
from apparently hopeless accounts,

\$10,000.00

... A sum equal to the
annual income from a
\$250,000.00
endowment!

Yes! a sum equal to the annual income from a quarter million dollar endowment.

A sum of money which enables this hospital to complete plans, NOW, for equipment and desired expanded facilities, just 60 days from the time our services were engaged. Further equivalent sums are now being collected.

This may seem amazing, but we will gladly review this current Case History in detail at your convenience, and show you the possibilities of our services as an aid to your successful collection problem.

We want every hospital to fully realize the type of service rendered by Financial Collection Agencies. Ours is a highly specialized business resulting from years of painstaking research and study. A collection service that will surpass your highest expectations, yet so designed to maintain the debtor's Good Will at all times. We are proud to say that we continue to serve the first Hospital to have engaged our services, proud also that our old established firm is rendering this confidential service to an ever increasing percentage of Canadian Hospitals.

Don't delay longer, now is the most opportune time to engage our services.

Your enquiry entails no obligation.

Communicate with Hospital Account Department.



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TORONTO

Hamilton Branch
Sun Life Bldg.
HAMILTON, ONT.

Quebec and Maritime Division
University Tower
MONTREAL, QUE.

Western Division
356 Main St.
WINNIPEG, MAN.

LARGEST IN CANADA

Hospital Meal Tax Reduced

The Quebec Legislature has revised the 5 per cent hospital tax on restaurant meals so that the tax does not now apply to meals costing less than 60 cents. The tax has been used for some years to finance the provincial contributions to hospitals.

Cancer Control Foundation Established in Ontario

Creation of an Ontario Cancer Control Foundation for diagnosis, treatment and research in cancer was announced in the Ontario Legislature on March 29th by Dr. R. P. Vivian, Minister of Health. An appropriation of \$500,000 has been voted for the use of the foundation. The cancer foundation was empowered to acquire lands and buildings for its purposes and to purchase machinery and equipment when necessary. It was also given authority to acquire, by purchase or otherwise, rights in any patent relating to any remedy for the prevention and the cure of cancer. The foundation, headed by Lt.-Col. A. L.

Bishop of Toronto as chairman, will employ a director and officers, together with the necessary staff.

Purchasing

(Concluded from page 66)

to obtain better prices, or to protect against a rising market.

The cost of carrying an unnecessarily large stock of materials and supplies, however, is one of the most important financial aspects of purchasing. The loss from over-investment is a hidden loss, difficult to

prove, but it exists as a loss nevertheless. It is highly important to know how the storage of a commodity will affect its ultimate cost to the purchaser. Will advance purchasing greatly increase the cost of handling a large quantity of certain items? Is there sufficient storage space, or will it be necessary to incur additional expense for storage purposes? Will the commodity deteriorate in quality, shrink in quantity, or become obsolete while in storage. These questions often influence the purchasing policy.

Coming Conventions

- May 21-26—Catholic Hospital Association of the United States and Canada, St. Louis, Mo.
- May 22-26—Canadian Medical Association, Royal York Hotel, Toronto.
- June 20-22—Maritime Hospital Association, Admiral Beatty Hotel, Saint John, N.B.
- June 26-30—Canadian Nurses Association, Winnipeg.
- June 26-30—First A.H.A. Institute for Hospital Personnel Management, Yale University, New Haven, Conn.
- June 26-30—A.H.A. Institute on Hospital Accounting, Indiana University, Bloomington, Ind.
- Sept. 18-29—Institute for Hospital Administrators, A.C.H.A., Chicago.
- October 1-2—American College of Hospital Administrators, Cleveland, Ohio.
- October 2-6—American Hospital Association, Cleveland, Ohio.
- October 18-20—Ontario Hospital Association, Royal York Hotel, Toronto.



CASH'S

WOVEN NAMES

For

ECONOMY and SANITATION

"A place for everything and everything in its place" is a medical necessity—towels, sheets and all linens should be marked for each ward or department with CASH'S WOVEN NAMES. Uniforms and all wearables of nurses, orderlies, doctors should be identified individually. Lost laundry, mislaid linen, wrongly used towels mean losses in money, in time, in sanitation, in good management.

CASH'S NAMES will stop these wastes, cut replacement costs, identify instantly. They are the sanitary, permanent method of marking. Quickly attached with thread. (NO-SO not available for duration).

Write and let us figure on your needs—whether institutional or personal.


12 doz.	\$3.00	9 doz.	\$2.50
6 doz.	\$2.00	3 doz.	\$1.50

(Larger size, wider tape names, discontinued until further notice)

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GUARANTEED*

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POWDER (P.C.P. Act. 82)

EASY TO APPLY—Fold paper or cardboard in "V"—sprinkle line of Saphelle along wall bases, mouldings, window and door frames and in all cupboards.

ACTIVE FOR WEEKS—Leave powder exposed for three to four weeks, then repeat application. (Or if you wish, make more frequent applications for shorter periods.)

A SAPHO PRODUCT

Made by the makers of Sapho Liquid, Sapho Liquid Odourless, Sapho Powder and Saphine. Saphelle is sold in 50-lb., 100-lb. and 250-lb. quantities.

The Kennedy Manufacturing Co.
112 McGill Street MONTREAL

*If, after two applications, satisfactory results have not been obtained, return the balance of the package to us and we will refund the full purchase price.

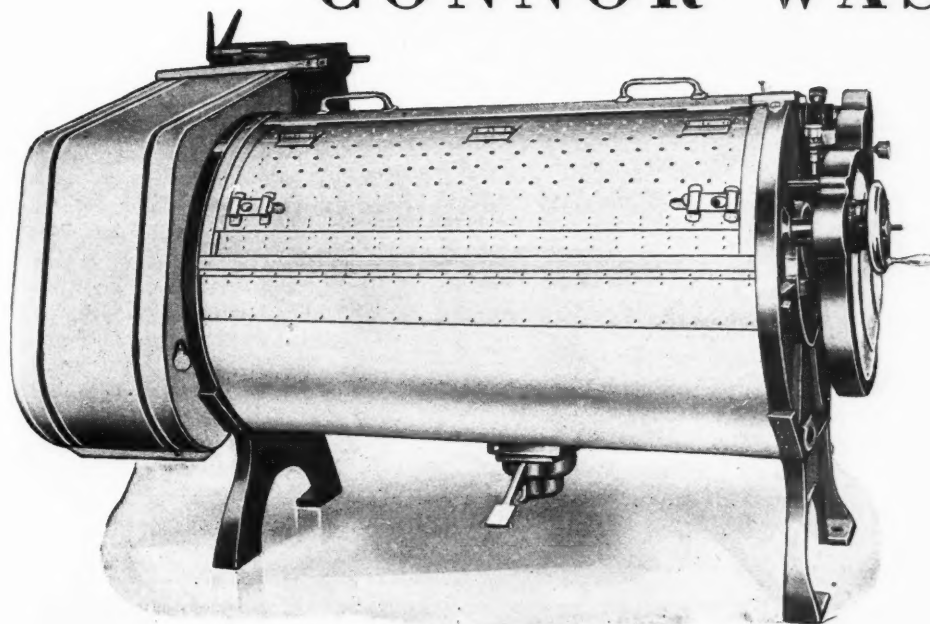
HA HA HA
I'M SAPHO
THE KILLER

QUEBEC
OTTAWA
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Low Initial Cost—Low Operating Cost

Feature These High Quality All Metal

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*You Can
Save Money
With This
Time Proven
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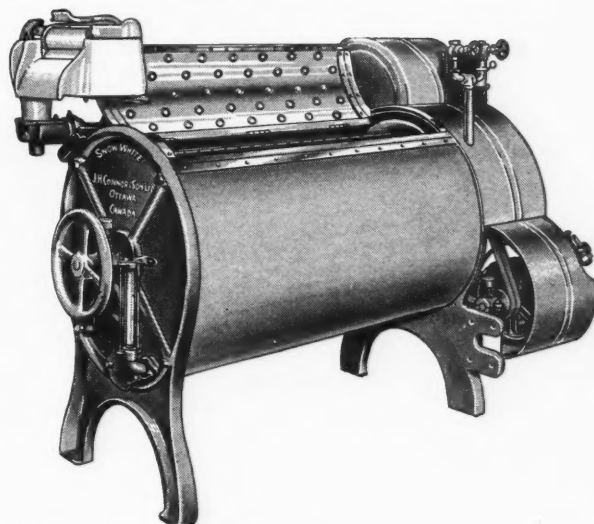
THE OTTAWA WASHER

No. 4 Ottawa Washer, complete with $\frac{3}{4}$ h.p. electric motor, single or three phase, 110-220 volt. Cylinder of hard brass, nickel plated and polished, 28" x 48". Capacity 40 sheets or 60 pounds dry clothes. Cylinder revolves on large, double race ball bearings, reducing power consumption 50 per cent. Weight 1,500 pounds.

No. 3 Ottawa Washer identical, but with 28" x 42" cylinder. Capacity 30 sheets or 50 pounds dry clothes.

THE SNOW WHITE NO. 2 WASHER

Complete with $\frac{1}{2}$ h.p. electric motor and wringer. Cylinder 24" x 40". Capacity 22 sheets or 36 pounds dry clothes. Floor space 38" x 64". Weight 825 pounds. The greatest value ever offered for a metal washer of this size. Satisfied users from coast to coast.



Metal Washers from 36 to 150 pounds dry clothes capacity. Tumbler Dryers, Extractors, Ironers, Laundry Trucks. Write for catalogue and price list.
Convenient terms arranged.

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10 LLOYD STREET - OTTAWA, ONTARIO

WINNIPEG—242 Princess St.

Quality Washers Since 1875

MONTREAL—423 Rachel St. E.

Health Insurance Principles

(Continued from page 30)

situation would be greatly aggravated.

Considerable construction may be necessary and it is questionable if this can be achieved by voluntary effort. Some policy should be developed at the present time by the provincial and national governments with respect to the assistance which the governments and the municipalities could give towards the provision of more hospital beds where needed. Should the municipalities be relieved of the cost of indigent care in hospitals, they would be in a better position to assist in a programme of construction. As a considerable percentage of the patients in general hospitals could be taken care of elsewhere if there were sufficient beds for chronically-ill patients or for convalescents, it would be cheaper in many instances to expand the accommodation for sub-acute and chronic patients rather than accommodation in general hospitals.

14. Hospitals should receive ade-

quate remuneration from the fund to:

- (a) ensure efficient treatment of patients, commensurate with present-day standards;
- (b) meet actual cost of providing hospitalization;
- (c) provide reasonable allowances for depreciation and expansion of essential facilities;
- (d) provide for payment of a fair and reasonable schedule of salaries and wages of all personnel;
- (e) permit desirable education work, including the instruction of nurses, interns, dietitians and technicians, insofar as it relates to established hospital practice.

Adequate payment for the instruction of medical students and related groups should be provided from some source other than the plan.

15. The basis of remuneration to hospitals should be one which would be fair and equitable to all parties

concerned and should take into consideration the fact that costs of operation vary, and are particularly affected by the provision of special equipment, specialized departments and the expert personnel required therewith.

The basis of remuneration recommended is that all hospitals be paid a fixed rate for basic care and that this rate be increased in direct accordance with the additional services which each hospital is equipped to render.

16. The maintenance of ample facilities for the teaching of medicine is of such importance to the health and welfare of the nation that every effort must be taken to safeguard medical teaching. This point must be carefully safeguarded, both in the plan itself and in the regulations. To facilitate this a special committee representing medical staffs and the administration of teaching hospitals should be set up and be recognized for the purpose of making recommendations respecting clauses and regulations affecting

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and Improvements.**

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for Over 32 Years.*



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Sterilizers De-Scaled Faster . . . Easier!

Keeping your sterilizers and autoclaves at peak operating efficiency is largely a matter of maintaining proper heat transfer. Lime-scale accumulations prevent this! But you can easily get rid of these insulating deposits quickly, safely . . . without dismantling equipment.

Do this . . . introduce into system recommended solution of Oakite Compound No. 32. Soak for required period, then neutralize and rinse. You will find deposits are speedily removed. Equipment surfaces are not harmed. Your sterilizers will perform more efficiently.

Free Service Report Gives Details!

Send to nearest address below for interesting FREE Service Report giving complete details for handling this important maintenance work.

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Q. Canning's a pretty old method of preserving foods, isn't it?

A. No. On the contrary it's comparatively new. Methods of food preservation, such as smoking and drying fish and meats, are thousands of years old. However, canning was first successfully employed in the early years of the 19th century. The improvements of modern canning procedures are the direct outgrowth of many achievements of modern science. (1)

American Can Company, Hamilton, Ontario;

American Can Company Ltd., Vancouver, B.C.

- (1) 1811. *The Art of Preserving All Kinds of Animal and Vegetable Substances for Several Years*, M. Appert, Black, Perry and Kingsbury, London.
1938. *Food Research* 3, 13.
1938. *Ibid.* 3, 91.
1939. *Canned Food Reference Handbook*, American Can Company, Hamilton, Ont.
1941. *Ind. Eng. Chem.* 33, 292.

medical teaching and the teaching hospitals.

17. There should be no interference with the accepted prerogative of the Board of the individual hospital to determine after consultation with its medical Board which doctors shall have the privilege of treating patients therein.

18. The position of the hospital and its personnel with respect to the divulgence of clinical data should be clearly set forth.

19. There should be provision for scientific research in institutions with facilities and personnel which would justify financial assistance supplied apart from the plan.

20. Cash benefits should be omitted from any hospital care plan. Should such benefits be considered desirable from the viewpoint of the patient's family, it is recommended that, if such be provided, the arrangement should be apart from the hospital care plan itself.

A. J. Swanson	Clark Keith
(Chairman)	Douglas Piercey
Harvey Agnew	F. W. Routley
R. F. Armstrong	Sister Louise
J. H. W. Bower	Sister M. Pascal
H. H. Browne	Sister Mary Estelle
C. J. Decker	Sister Zephyrinus

Body Snatching

(Concluded from page 37)

had to be carried on stealthily, and upon cadavers that had been procured by body snatchers.

A New York paper reported one snatching in 1763:

"Tom, a Negro slave man, condemned at last Assizes for attempting a Rape on Mary Ryan, a child, was executed at Fresh Water. The Mob was so incensed . . . that the Officers could not stand their ground . . . thus were obliged to leave him to their Brutality. After they cut him down they dragged his Body through the streets; when the great good Conduct of a single Gentleman soon put a stop to their Inhumanity, by seizing the Corpse and Ordering it to be interred . . . But it is said the Body has since been taken up, and likely to become a Raw Head and Bloody Bones, by our Tribe of Dissectors, for the better instruction of our young practitioners."

The so-called "Doctors' Riot" of 1788 in New York was touched off, according to one account, by a dissectionist at work. He discovered a small boy peering at him through a

window and playfully brandished a severed leg. The boy, terrified, was soon blurting out a tale of nameless horrors. The yarn sped from mouth to mouth, gaining additions at each telling. Shortly a mob had formed and was looking for doctors—any doctors.

Some of the rioters invaded the home of a Dr. Hicks, whom they suspected to be the playful dissectionist. He escaped by climbing to his roof and hiding behind a chimney. Another gang broke into the home of Sir John Templeton and wrecked it.

Many doctors took refuge in the jail, where they were protected throughout the night and the next morning. But by afternoon a huge mob had gathered and was demanding the physicians' scalps.

An alarm brought high officials and the militia. Among the notables was peppery Baron von Steuben, who exhorted the mob to disperse. The rioters surged forward and knocked the baron down, whereupon he excitedly shouted to the militia to fire. When the smoke cleared, seven rioters lay dead.

—A. G. Ross.

They called for a dustless, sanitary floor for the **MILITARY HOSPITAL**



There are certain definite specifications that must be met by any material used for Hospital Floors—and these are met most effectively by **ARMSTRONG'S ASPHALT TILE**. Ease of cleaning is one important consideration, freedom from dangerous dust is another, appearance counts also. But with all these things an ability to stand up to heavy traffic must be made certain. No wonder that in this Military Hospital and in many other similar buildings **ARMSTRONG'S ASPHALT TILE** has been the final choice.



ARMSTRONG CORK & INSULATION COMPANY LIMITED
MONTREAL WINNIPEG TORONTO QUEBEC

ONE OF A SERIES TO HELP YOU HELP YOURSELF

Maintaining your mechanical equipment is a major problem in these times. *Your troubles invariably arise from minor causes and can be easily corrected.*

Regular inspection and immediate adjustments will add years of life. Let us help you understand your Sterilizers. Write our Service Department.



Old Dressing Sterilizer still giving reliable service

When The Safety Valve Blows

Annoying, yes!—but its purpose is to release excess pressure and it may indicate a symptom of trouble elsewhere.

1. Check "JACKET" Pressure Gauge to see that pointer returns to zero, with no pressure on Sterilizer.
2. Check Safety Valve by observing Pressure Gauge. Adjust if necessary by following directions—or return to factory.
3. Clean and adjust Automatic Pressure Regulator and check with Pressure Gauge.
4. If Sterilizer is not equipped with Automatic Regulator, reduce heating medium to maintain maximum pressure of 22 pounds.

Always follow your Operating Directions. Duplicate copies on request. Be sure to give Serial Number of your equipment.

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AN OIL CAN WILL WORK WONDERS

A few drops of oil on moving parts will keep your Sterilizers working smooth and prevent wear. Write for—

"SERVICE HINTS"

Training of Interns

(Concluded from page 27)

eventuality the Royal College of Physicians and Surgeons of Canada has set up a basis of qualifications by which specialists could be certified.

If Canada is to have available for post-war requirements an adequate number of doctors qualified for certification in the various specialties, much greater facilities must be made available for the training of residents than is available at the present time.

Prior to the war many physicians and surgeons took their post-graduate training in Great Britain and the United States. In the future it is doubtful if Canada can depend too heavily upon these centres for this kind of training, as it is quite probable that with the dislocation caused by the war and with the large numbers of their own men being released from the Armed Forces, Great Britain and the United States will have their hands full with training their own men. This means that a greater opportunity for resident training must be given in Canada.

At the present time there is no basis by which residencies in hospitals can be appraised. While many hospitals have courses for residents, the nature of these varies with the location of the hospital and does not conform to any generally-recognized scheme. The American College of Surgeons is at present drawing up a schedule of training for residents which will lead to certification after completing satisfactory service. It is proposed that this training shall consist of three years' hospital service following a year's general internship. The chief reason for embarking on the scheme is to provide adequate facilities for the many returning medical officers of the Armed Services who will be seeking such training.

Hospitals at the present time are asked to give serious consideration to the possibility of planning such courses for residents which will conform to recognized standards. This opens up a large field for additional services which hospitals can render the medical profession and, indeed, with the large number of returning

men from the Armed Forces it is a challenge to the hospitals of Canada which cannot be passed over.

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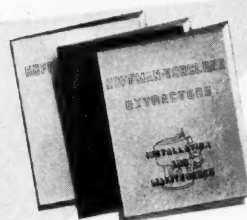
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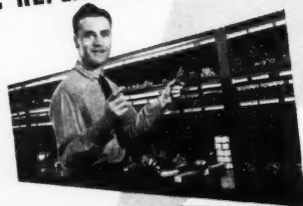
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